

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139181

FILED
Apr 17, 2005
Secretary of State

Entity Name: SEASIDE SHUTTERS, INC.

Current Principal Place of Business:

506 CIRCLE EAST
JUPITER, FL 33458

New Principal Place of Business:

708 IBIS WAY
NORTH PALM BEACH, FL 33408

Current Mailing Address:

506 CIRCLE EAST
JUPITER, FL 33458

New Mailing Address:

708 IBIS WAY
NORTH PALM BEACH, FL 33408

FEI Number: 27-0106963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOTSBERY, LORI
708 IBIS WAY
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARBER, LOWELL
Address: 526 FIFTH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D () Delete
Name: STOTSBERY, LORI
Address: 708 IBIS WAY
City-St-Zip: N. PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI STOTSBERY

D

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date