

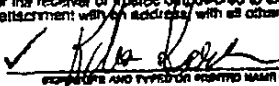
FILED
May 23, 2007 8:00 am
Secretary of State

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05-02-2007 90092 046 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

66016270

DOCUMENT # P05000166756			
1. Entity Name ROB GOODE SEASIDE SERVICES, INC.			
Principal Place of Business 813 LOBLOLLY BAY DR SANTA ROSA BEACH, FL 32459		Mailing Address 813 LOBLOLLY BAY DR SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 203914869		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODE, ROBERT D 813 LOBLOLLY BAY DR SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, holding latest term of membership card and fee if applicable. (NOTE: Registered Agent signature required when relinquishing)			
FILE NOW!! - FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemented report is true and accurate and that my 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 in Block 10 or Block 11 as changed, or on an attachment with an address with all other like empowers.			
SIGNATURE: 		4/30/07 850-502-0465	