

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90075 040 ***150.00

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01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000085471 1. Entity Name SEASIDE HAMMOCKS INC																																									
Principal Place of Business 618 SO L ST STE B LAKE WORTH, FL 33460			Mailing Address 618 SO L ST STE B LAKE WORTH, FL 33460																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																							
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-5097437</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SLOANE, THOMAS 618 SO L ST STE B LAKE WORTH, FL 33460																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)</small> <div style="float: right;">DATE _____</div>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%;"> DPS SLOANE, THOMAS 618 SO L ST STE B LAKE WORTH, FL 33460 </td> <td style="width: 20%; text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SLOANE, THOMAS 618 SO L ST STE B LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 if changed, or on an attachment with an address, with all other like empowered.																																									
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> Feb 09, 2007 <small>Date</small> </div> <div style="width: 25%; text-align: center;"> 961-547-6265 <small>Daytime Phone #</small> </div> </div>																																									