

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-06-2008 90028 039 ***150.00

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 # 1603 N O St.		3. Mailing Address 1603 N O St.																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																	
City & State Lake Worth FL		City & State Lake Worth FL																	
Zip 33460		Zip 33460																	
Country 		Country 																	
4. FEI Number 20-5097437		Applied For <input type="checkbox"/> Not Applicable																	
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) 1603 N O St City Lake Worth FL Zip Code 33460																	
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 DATE 1/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">DPS <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SLOANE, THOMAS</td> </tr> <tr> <td>STREET ADDRESS</td> <td>618 SO L ST STE B</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKE WORTH, FL 33460 Lake Worth FL 33460</td> </tr> </table>		TITLE	DPS <input type="checkbox"/> Delete	NAME	SLOANE, THOMAS	STREET ADDRESS	618 SO L ST STE B	CITY - ST - ZIP	LAKE WORTH, FL 33460 Lake Worth FL 33460	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	DPS <input type="checkbox"/> Delete																		
NAME	SLOANE, THOMAS																		
STREET ADDRESS	618 SO L ST STE B																		
CITY - ST - ZIP	LAKE WORTH, FL 33460 Lake Worth FL 33460																		
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY - ST - ZIP																			
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.																			
SIGNATURE: Thomas L Sloane <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/19/08 561-547-6265 <small>Date Daytime Phone</small>																	