2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103987

Name:

Address:

City-St-Zip:

GRIFFITHS, BARRY

ORLANDO, FL 32801

201 SOUTH ORANGE AVENUE., SUITE 1350

Entity Name: SEASIDE INSURANCE, INC.

FILED Apr 20, 2009 Secretary of State

	iidi olikoibl				
Current Principal Place of Business:			New Principal Place of Business:		
	H ORANGE A), FL 32801	VENUE., SUITE 1350			
Current Mailing Address:			New Mailing Address:		
201 SOUT ORLANDO	H ORANGE A), FL 32801	VENUE., SUITE 1350			
FEI Number:	: 26-1119267	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
201 SOUT	R, GIDEON T H ORANGE A), FL 32801	VENUE., SUITE 1350 US			
The above in the State	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
Election Car		ic Signature of Registered Age g Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAYMAKER, G	ANGE AVENUE., SUITE 1350	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCOTT, STUAF	ANGE AVENUE., SUITE 1350	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D (Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BARRY GRIFFITHS DIR 04/20/2009