


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000004652</b>		
1. Entity Name <b>SEASIDE PLAZA, INC.</b>		
Principal Place of Business <b>4255 A1A SOUTH STE. 10 ST. AUGUSTINE, FL 32080 US</b>		Mailing Address <b>4255 A1A SOUTH STE. 10 ST. AUGUSTINE, FL 32080 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCCLURE, GEORGE M 170 MALAGA STREET ST. AUGUSTINE, FL 32084</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reconstituting)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	
NAME	SEAWRIGHT, J.A.	
STREET ADDRESS	105 DEL PRADO WAY	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	
NAME	DUSSEAU, M.W.	
STREET ADDRESS	#4 JAMES ROY AVENUE W.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	
NAME	KAMLA, ELDEN G	
STREET ADDRESS	123 HERON'S NEST LANE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	
NAME	KEENE, E.L.	
STREET ADDRESS	104 EAST REYNOLDS STREET, STE. 212	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>George M. McClure</i></u> <u>1/21/04</u> <u>904.471.3665</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3162662</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U000000010627  
01/23/04-80004-022 150.00

**DO NOT WRITE  
IN THIS SPACE**