


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000004652</b> 1. Entity Name SEASIDE PLAZA, INC.	
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Principal Place of Business 4255 A1A SOUTH STE. 10 ST. AUGUSTINE, FL 32080 US	Mailing Address 4255 A1A SOUTH STE. 10 ST. AUGUSTINE, FL 32080 US
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

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

5. Name and Address of Current Registered Agent

MCCLURE, GEORGE M  
170 MALAGA STREET  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEAWRIGHT, J.A. 105 DEL PRADO WAY ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DUSSEAU, M.W. #4 JAMES ROY AVENUE W. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KAMLA, ELDEN G 123 HERON'S NEST LANE ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KEENE, E.L. 104 EAST REYNOLDS STREET, STE. 212 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/10/05-80027-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter D. Quatone* 1/7/05 904-471-3665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #