2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001059

1. Entity Name
HOUSE BY THE SEA INVESTMENT, INC.

FILED
07 FEB 12 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1101 S BELCHER RD SUITE J LARGO, FL 33771	1101 S BELCHER RD SUITE J LARGO, FL 33771

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
34106 US 19 North	34106 US 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State: Palm Harbor FL
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. FEI Number: 65-0751870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, WALT
1101 S BELCHER RD
SUITE J
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name: Frank Schilte Sr.
Street Address (P.O. Box Number is Not Acceptable): 34106 US 19 North
City: Palm Harbor FL Zip Code: 34684

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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02/21/07--01026--013 **61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHILTE, FRANK SR. 1101 S BELCHER RD #J LARGO, FL 33771 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schilte, Frank Sr 34106 US 19 North Palm Harbor, FL 34684 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 2/14