

Apr 28
Sec

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000001287

1. Entity Name
SEASIDE TITLE AGENCY, INC.



Principal Place of Business 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
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03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716195	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

KRALL, MARK L
616 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KRALL, MARK L 616 E. ATLANTIC AVE. DELRAY BCH., FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD LISTICK, MICHAEL M 616 E. ATLANTIC AVE. DELRAY, BC 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/05-80069-011 150.00

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: Mark L. Krall Vice Pres. 4/27/05 (561) 276-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARK L. KRALL Vice Pres.