

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90276 016 ***150.00



DOCUMENT # 233879

1. Entity Name

BRINY BREEZES INC

Principal Place of Business

5000 N OCEAN BLVD
 BOYNTON BEACH FL 33435

Mailing Address

5000 N OCEAN BLVD
 BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0839659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

PROPHET, RAY JR
5000 N. OCEAN BLVD. #F-208
BRINY BREEZES FL 33462

7. Name and Address of New Registered Agent

Name **Kenneth J. Doyle**

Street Address (P.O. Box Number is Not Acceptable)
5000 N. Ocean Blvd. #B-204

City **Briny Breezes**

FL

Zip Code **33435**

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

3-30-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, DAVID	
STREET ADDRESS	5000 N OCEAN BLVD B-206	
CITY-ST-ZIP	BRINY BREEZES FL 33435	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAYLESS, DAVID	
STREET ADDRESS	5000 N. OCEAN BLVD Q-205	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBER, MARY	
STREET ADDRESS	5000 N OCEAN BLVD J-19	
CITY-ST-ZIP	BRINY BREEZES FL 33435	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KOPLIN, JANIS	
STREET ADDRESS	5000 N OCEAN BLVD #E-22	
CITY-ST-ZIP	BRINY BREEZES FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURCELL, ROBERT	
STREET ADDRESS	5000 IN. OCEAN BLVD. #U-206	
CITY-ST-ZIP	BRINY BREEZES FL 33435	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PROPHET, RAY JR	
STREET ADDRESS	5000 N. OCEAN BLVD. #F-208	
CITY-ST-ZIP	BRINY BREEZES FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. 2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhodes, David	
STREET ADDRESS	5000 N. Ocean #B-206	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oldis, Raymond	
STREET ADDRESS	5000 N. Ocean Blvd. #CD-6	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	D. 1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBER, Mary	
STREET ADDRESS	5000 N. Ocean Blvd. #J-19	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Lew	
STREET ADDRESS	5000 N. Ocean Blvd. #G-8	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, Kenneth	
STREET ADDRESS	5000 N. Ocean Blvd. #B-204	
CITY-ST-ZIP	Briny Breezes, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brady, Timothy	
STREET ADDRESS	5000 N. Ocean Blvd. #CD-1	
CITY-ST-ZIP	Briny Breezes, FL 33435	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-05