

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 693547

1. Entity Name
SEABREEZE FINANCIAL SERVICES, INC.



Principal Place of Business
**510 OAKRIDGE BLVD.
DAYTONA BEACH, FL 32118-3973 US**

Mailing Address
**510 OAKRIDGE BLVD.
DAYTONA BEACH, FL 32118-3973 US**



03012006 No Chg-P CR2E034 (11/05)

4. FCI Number
59-2111434

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MC CULLERS, JOHN
510 OAKRIDGE BLVD
DAYTONA BEACH, FL 32118-3973**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST
ELLIS, SANDRA
510 OAKRIDGE BLVD.
DAYTONA BEACH, FL 321183973**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
MCCULLERS, JOHN
510 OAKRIDGE BLVD.
DAYTONA BEACH, FL 321183973**

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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U00000497554
04/22/06-80059-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sandra Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 386-252-1125
Date Daytime Phone # X16