

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003292

1. Entity Name

SEABREEZE PARTNERS MANAGEMENT, INC.



Principal Place of Business

411 SEABREEZE AVE.
PALM BEACH, FL 33480

Mailing Address

411 SEABREEZE AVE.
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3723659

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KASS, DOUGLAS A
411 SEABREEZE AVE.
PALM BEACH, FL 33480

**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 filer if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

UD00000169919
08/12/04-80004-002 150.00

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	KASS, DOUGLAS A
STREET ADDRESS	411 SEABREEZE AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15, 2004 561835.7639
Date Daytime Phone