

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H45530

FILED  
May 01, 2006  
Secretary of State

Entity Name: SEABREEZE MOTEL OF JACKSONVILLE BEACH, INC.

**Current Principal Place of Business:**

117 1ST AVE N  
JACKSONVILLE BCH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

117 1ST AVE N  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

FEI Number: 59-2503849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORT, ERIC  
117 1ST AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SEAWALK HOTEL, INC,  
Address: 117 N 1ST AVE  
City-St-Zip: JACKSONVILLE, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STOCKTON, JAMES R  
Address: 117 N 1ST AVE  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES STOCKTON

P

05/01/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date