

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K62351 1. Entity Name SEABREEZE COMMUNICATIONS GROUP, INC.	
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Principal Place of Business 5630 HALIFAX AVENUE FORT MYERS, FL 33912	Mailing Address 5630 HALIFAX AVENUE FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0099770	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REID, TERRENCE C. 5630 HALIFAX AVENUE FORT MYERS, FL 33912

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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 reinstating) 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	U00000514926 04/29/06 00189 011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS REID, TERRENCE C. 5630 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REID, JACQUELYN M. 5630 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, CARL 3949 EVANS AVE # 403 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jim Reid 4-12-06 239-278-422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #