

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90085 033 ***158.75

DOCUMENT # L38214

1. Entity Name

SEABREEZE ENTERPRISES, INC.



Principal Place of Business

20610 OAHU CIR.
ESTERO FL 33928
US

Mailing Address

20610 OAHU CIR.
ESTERO FL 33928
US



2. Principal Place of Business

3219 34th St SW
Suite, Apt. #, etc.

3. Mailing Address

3219 34th St SW.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-0159619

Applied For

Not Applicable

Zip

33971

Country

Lee

Zip

33971

Country

Lee

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, JAMES
20610 OAHU CIR.
ESTERO FL 33928

3219 34th St S.W.
Lehigh Acres, FL
33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/1/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BURNS, PARTICK M
20610 OAHU CIR.
ESTERO FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ERICKSON, JAMES
20610 OAHU CIR.
ESTERO FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3219 34th St SW
Lehigh Acres, FL 33971 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3219 34th St SW.
Lehigh Acres, FL 33971 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

3/1/05 239-287-3715