


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90008 046 ***150.00

| | |
|--|---|
| DOCUMENT # P00000024334 |  |
| 1. Entity Name SEABREEZE CORPORATION | |

| | |
|--|--|
| Principal Place of Business 5606 HARBOUR CIRCLE CAPE CORAL, FL 33914 | Mailing Address 5606 HARBOUR CIRCLE CAPE CORAL, FL 33914 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 4916 S.W. 17th Ave | 3. Mailing Address 4916 S.W. 17th Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|--|
| City & State Cape Coral, Florida | City & State Cape Coral, Florida |
| Zip 33914 | Zip 33914 |
| Country | Country |



01222004 Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 65-0988645 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent BROCKE, KLAUS PETER 5606 HARBOUR CIRCLE CAPE CORAL, FL 33914 | 7. Name and Address of New Registered Agent Name BROCKE, Klaus Peter Street Address (P.O. Box Number is Not Acceptable) 4916 S.W. 17th Ave City Cape Coral FL 33914 |
|--|---|

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]* **Brocke Klaus - Peter** 1-22-2004
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, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BROCKE, KLAUS-PETER 5606 HARBOUR CIRCLE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4916 S.W. 17 Ave Cape Coral, Florida 33914 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD BROCKE, HILDEGARD 5606 HARBOUR CIRCLE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4916 S.W. 17 Ave Cape Coral, Florida 33914 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]* 1-22-2004 239-541-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #