

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90024 030 ***150.00

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1. Entity Name

SIESTA BREAKERS REALTY, INC.



Principal Place of Business
6480 MIDNIGHT PASS RD.
SARASOTA FL 34242

Mailing Address
6480 MIDNIGHT PASS RD.
SARASOTA FL 34242



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1083351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, KEVIN T ESQ
THE LAW OFFICES OF LOBECK, HANSON & WELLS
2033 MAIN ST., STE. 403
SARASOTA FL 34237

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P ☐ Delete
NAME HRABCAK, JOHN
STREET ADDRESS 6480 MIDNIGHT PASS RD #303
CITY-ST-ZIP SARASOTA FL 34242

TITLE VP ☐ Delete
NAME BREIL, GEORGE
STREET ADDRESS 6480 MIDNIGHT PASS RD. UNIT 505
CITY-ST-ZIP SARASOTA FL 34242

TITLE TS ☐ Delete
NAME LA PLACE, BILL
STREET ADDRESS 6480 MIDNIGHT PASS RD. UNIT 402
CITY-ST-ZIP SARASOTA FL 34242

TITLE AVP ☐ Delete
NAME GREINER, ALBERT C
STREET ADDRESS 6021 MID NIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

Date

941-349-6505

Daytime Phone #