

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 043 ***150.00

DOCUMENT # P00000093377

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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 this I apply card.

(NOTE: Registered Agent signature required when appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HRABCAK, JOHN	
STREET ADDRESS	6480 MIDNIGHT PASS RD #303	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BREIL, GEORGE	
STREET ADDRESS	6480 MIDNIGHT PASS RD. UNIT 505	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LA PLACE, BILL	
STREET ADDRESS	6480 MIDNIGHT PASS RD. UNIT 402	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GREINER, ALBERT C	
STREET ADDRESS	6021 MID NIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathy Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 941-349-6505
Date Daytime Phone #