2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

DOCUMENT # P01000112692 1. Entity Name SEA BREEZE PATIO & SCREEN, INC.						01-14-2005 90018 031 ***150.00					
Principal Plac	e of Busines	\$	Mailing Address					بر مانيا جا ا	_ ~ ~		
4412 DANDY		4412 DANDY DR.				neidat i l	`				
PACE, FL 32571 PACE, FL 32						,	参加部 集工	•			
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2. Principal Place of Business 3.			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)		
City & State			City & State	City & State			4. FEI Number Applied For				
Zip Country		Country	Zip Country		ıtry	01-0571553				t Applicable	
						5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Curren	t Registered Agent	·	Nome 🖚		ddress of New Re	- 			
BOSEN, M	IICHAEL (3			Name DOS	en, mid	hael C.	(Spe	ling Cor	rection)	
4412 DANDY DR.					Street Address	(P.O. Box Number	is Not Acceptable)			
PACE, FL	32571										
					City	<u></u>		FL	Zip Code	9	
	named entit		or the purpose of changing	its register	ed office or registe	red agent, or both	, in the State of Flor	rida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature typed	or printed name of registered agen	nt and title if applicable.	NOTE: Registere	nd Agent signature require	d when reinstating)		DATE			
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		FEE IS \$150.00	Election Cam	ipaign Finai		.00 May Be					
Arter M:	ay 1, 200	5 Fee will be \$550	.00 Trust Fund C	ontribution.	☐ Add	ded to Fees					
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12. Thereby 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 eath; 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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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Daytime Phone #