2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079459

FILED Apr 27, 2004 Secretary of State

Entity Name: SEABREEZE TITLE & ESCROW, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	. HWY 19 N. ATER, FL 33	761		
urrent N	lailing Addre	ess:	New Mailing Addres	ss:
	. HWY 19 N. ATER, FL 33	761		
I Number	: 54-2064676	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent	Name and Address	of New Registered Agent:
	SUZAN	N.I.		
ALM HAI		685 US	ne purpose of changing its register	ed office or registered agent, or both,
ALM HAI	RBOR, FL 34	685 US	ne purpose of changing its register	ed office or registered agent, or both,
ALM HAI ne above the Stat	RBOR, FL 34 e named entity e of Florida. RE:	685 US submits this statement for the		
LM HAI e above the Stat GNATU	RBOR, FL 34 e named entity e of Florida. RE:Electro	685 US		ed office or registered agent, or both, Date
ne above the Stat GNATU	RBOR, FL 34 e named entity e of Florida. RE:Electro	submits this statement for the	Agent	
ne above the Stat GNATU	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE	onic Signature of Registered Trust Fund Contribution (). CTORS:) Delete ZAN OOR DR N.	Agent	Date
aLM HAI The above The State Th	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRECT DP (CLIFTON, SU 3150 WINDM PALM HARBO DVP (FALCO, JOSE 3150 WINDM	onic Signature of Registered ong Trust Fund Contribution (). CTORS:) Delete ZAN DOR DR N. DR, FL 34685) Delete EPH T	Agent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZAN CLIFTON P 04/27/2004