


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90228 044 ***150.00

DOCUMENT # P02000113838 1. Entity Name SEA BREEZE TRANSPORTATION, INC.					
Principal Place of Business 4920 CANGRO ST COCOA, FL 32926 US			Mailing Address 4920 CANGRO ST COCOA, FL 32926 US		
2. Principal Place of Business 1490 BARNA AVE		3. Mailing Address PO BOX 540064			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Titusville FL		City & State Merritt Island FL		4. FEI Number 61-1430458	
Zip 32780		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERETT, ROBERT A 1490 BARNA AVENUE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent 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 <u><i>Robert A. Everett</i></u> T.S.D. Robert A. Everett 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVPT <input type="checkbox"/> Delete EVERETT, ROBERT 1490 BARNA AVENUE TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVERETT, Robert A 1490 BARNA AVE TITUSVILLE FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete EVERETT, ROBERT 1490 BARNA AVENUE TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DORN, JONATHAN S. 6065 N. TROPICAL TR. MERRITT ISLAND FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEDAR, JAMES W. 6840 ACKERMAN AVE. COCOA FL 32927	
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 exemptions contained in Chapter 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: <u><i>Robert A. Everett</i></u> Robert A. Everett T.S.D.			4/27/06 (321) 634-5099 <small>Date Daytime Phone #</small>		