

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 NOV 17 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000113838					
1. Entity Name SEA BREEZE TRANSPORTATION, INC.					
Principal Place of Business 1490 BARNA AVE TITUSVILLE, FL 32780			Mailing Address POB 540064 MERRITT ISLAND, FL 32954		
2. Principal Place of Business 6065 N Tropical Tr			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Merritt Island FL			City & State		
Zip 32953		Country US		4. FEI Number 61-1430458	
				Applied For Not Applicable	
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: Cedar James W Street Address (P.O. Box Number is Not Acceptable): 6840 Ackerman Ave City: COCOA FL Zip Code: 32927		
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: _____ (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		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	TSD	<input checked="" type="checkbox"/> Delete	TITLE	300081895133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, ROBERT A		NAME	11/17/06--01013--016	**70.00
STREET ADDRESS	1490 BARNA AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, ROBERT		NAME		
STREET ADDRESS	1490 BARNA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, JONATHAN J		NAME	Dorno Jonathan S	
STREET ADDRESS	6065 N TROPICAL TR		STREET ADDRESS	6065 N Tropical Trail	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEDAR, JAMES W		NAME	Cedar, James W	
STREET ADDRESS	6840 ACKERMAN AVE		STREET ADDRESS	6840 Ackerman Ave	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			13 NOV 06 321-266-2487		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		