


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 010 ***150.00

DOCUMENT # P03000047291

1. Entity Name
SEABREEZE REALTY GROUP INC.



Principal Place of Business Mailing Address

400 SEABREEZE BLVD **400 SEABREEZE BLVD**
DAYTONA BEACH, FL 32118 US **DAYTONA BEACH, FL 32118 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

539 N Oleander Ave **539 N Oleander Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Daytona Beach Fl **Daytona Beach Fl**

Zip Country Zip Country

32118 **USA** **32118** **USA**

40094000



04252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

75-3109885 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRETZEL, MICHAEL R
400 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

539 N Oleander Avenue

City State Zip Code

Daytona Beach **FL** **32118**

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 Michael R. Bretzel, P DATE 4/25/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRETZEL, MICHAEL R	
STREET ADDRESS	400 SEABREEZE BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRETZEL, MICHAEL R	
STREET ADDRESS	400 SEABREEZE BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARKINS, DONALD	
STREET ADDRESS	400 SEABREEZE BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	539 N Oleander Ave	
STREET ADDRESS	Daytona Beach Fl 32118	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	539 N Oleander Ave	
STREET ADDRESS	Daytona Beach Fl 32118	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	539 N Oleander Ave	
STREET ADDRESS	Daytona Beach Fl 32118	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: [Signature] DATE: 4/25/2007 DAYTIME PHONE: 386-253-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #