

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-06-2004 90010 027 ***150.00

DOCUMENT # P03000055142			
1. Entity Name SEABREEZE MORTGAGE CONSULTANTS, INC.			
Principal Place of Business 3218 YORK DRIVE WEST BRADENTON, FL 34207		Mailing Address 3218 YORK DRIVE WEST BRADENTON, FL 34207	
2. Principal Place of Business 3218 YORK DR. W		Mailing Address 3218 YORK DR. W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State, Zip Bradenton, FL 34205		City, State, Zip Bradenton, FL 34205	
Country		Country	
3. Name and Address of Current Registered Agent KARL, KIRSTEN 3218 YORK DRIVE WEST BRADENTON, FL 34207		4. FEI Number 01272004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Applied For ☒ Not Applicable	
7. Name and Address of New Registered Agent		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 _____ (Signature, typed or printed name of registered agent and AGS if applicable)		DATE _____ (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 Kirsten Karl same address as above officer / owner / director		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), Florida Statutes. I further certify that the information indicated on this report by 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 the empowered.		2/3/04	
SIGNATURE: Kirsten Karl		_____ (Signature and typed or printed name of signing officer or director)	

I own the company, and I am all of the above officer, owner, director.
Kirsten Karl