

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90007 046 \*\*\*158.75

<b>DOCUMENT # P03000126993</b> 1. Entity Name <b>SEABREEZE BUILDING CONTRACTORS INC.</b>			
Principal Place of Business <b>240 SE 10TH ST #206 DELRAY BEACH, FL 33483</b>		Mailing Address <b>240 SE 10TH ST #206 DELRAY BEACH, FL 33483</b>	
2. Principal Place of Business <b>2319 N. CONGRESS AVE</b>		3. Mailing Address <b>2319 N CONGRESS AVE.</b>	
Suite, Apt. #, etc. <b>21</b>		Suite, Apt. #, etc. <b>21</b>	
City & State <b>BOYNTON BEACH FL</b>		City & State <b>BOYNTON BEACH FL</b>	
Zip <b>33426</b>		Zip <b>33426</b>	
Country <b>PALM BEACH</b>		Country <b>PALM BEACH</b>	
4. FEI Number <b>41-2114704</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAYNES, JIM 240 SE 10TH ST #206 DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent Name <b>HAYNES, JIM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2319 N. CONGRESS AVE.</b> <b>#21</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33426</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>8-16-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, JIM 240 SE 10TH ST #206 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYNES, VALENTINE 240 SE 10TH ST #206 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		DATE <b>8-16-05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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