

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000028096**

1. Entity Name

**SBC- SEABREEZE INVESTMENTS, INC.**



Principal Place of Business

**37545 SKYRIDGE CIRCLE  
DADE CITY FL 33525**

Mailing Address

**37545 SKYRIDGE CIRCLE  
DADE CITY FL 33525**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

**20-0740459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAHR, KEVIN J  
37545 SKYRIDGE CIRCLE  
DADE CITY FL 33525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME **PRES**  
STREET ADDRESS **BAHR, KEVIN J**  
CITY-ST-ZIP **37545 SKYRIDGE CIRCLE  
DADE CITY FL 33525**

☐ Change ☐ Addition  
U000000875889  
04/11/08-80051-017 150.00

TITLE ☐ Delete  
NAME **V PR**  
STREET ADDRESS **STEVE, GARY**  
CITY-ST-ZIP **37651 8TH AVE  
ZEPHYRHILLS FL 33542**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME **SEC**  
STREET ADDRESS **CORREIA, PAUL**  
CITY-ST-ZIP **37608 SKYRIDGE CIRCLE  
DADE CITY FL 33525**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Paul Correia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*mon/28/08*  
Date Daytime Phone