

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90092 039 ***150.00

DOCUMENT # P04000130155

1. Entity Name

SEABREEZE LAND DEVELOPMENT, INC.



Principal Place of Business

109 WESTFIELD LANE
PALM COAST FL 32164

Mailing Address

100 WESTFIELD LANE
PALM COAST FL 32164

60020001



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Lemnoui, Sidi M.
1240 South A1A
Flagler Beach, FL
32136

3. Mailing Address

1240 South A1A
1240 South A1A
Flagler Beach, FL
32136

4. FEI Number

20-1628892

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

Name Lemnoui, Sidi M.
Street Address (P.O. Box Number is Not Acceptable)
1240 South A1A
City Flagler Beach FL Zip Code 32136

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 signature required when reinstating)

02/23/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMERT, ANTHONY	
STREET ADDRESS	100 WESTFIELD LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMNOUI, SIDI M	
STREET ADDRESS	1240 SOUTH A1A	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sidi M. Lemnoui

02/23/05 386-439-9001