## **2008 FOR PROFIT CORPORATION**

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## Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P06000049481 1. Entity Name SOUTHERN BREEZE CARPENTRY INC. Principal Place of Business Mailing Address 1114 SPRING CT. 1114 SPRING CT. AUBURNDALE, FL 33823 US AUBURNDALE, FL 33823 US 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1614959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHODAZECK, THELMA J DO NOT WRITE 2210 SOUTH FLORIDA AVE. LAKELAND, FL 33803 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000924153 0S/16/03-80061-022 150.00 HITCHNER, JOSEPH NAME STREET ADDRESS 1114 SPRING CT. CITY - ST - ZIP AUBURNDALE, FL 33823 TITLE NAME STREET ADDRESS CHTY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attachn bowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**