2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P92000011558

1. Entity Name



FILED Sep 02, 2004 8:00 am Secretary of State 09-02-2004 90077 005 ***550.00

SEABREEZE PARTNERS, INC.					09-02-2004 90077 003 1 350.00			
Principal Plac	ce of Business,	Mailing Address						
1413 N. HWY 395 SANTA ROSA BEACH FL 32459 US 1413 N HWY 395 SANTA ROSA BEACH FL 32459 US 1413 N HWY 395 SANTA ROSA BEACH FL 32459 US			FL 32459		ICONDO (42 ICOD NOVE DONE DONI DONI	. * : Idron Hada 1900 dilah dilah	18/1 8/81 (1 1799)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		[MOORE CF	R2E034 (4/04)		
City & State		City & State		4. FEI Nur	^{nber} 59-3161820	├ ─┼	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired [\$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Regis	tered Agent		
D. 13	FLICD ALDEDT D	٠	Name		د میدی د د میدی		-	
141	TLER, ALBERT R. 3 N. HWY 395		Street Ad		nber is Not Acceptable)			
	NTA ROSA BEACH FL 3245	9					37.0	
<u></u>			City			FL Zip Co	de	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or	both, in the State of Florida.	. I am familiar with	n, and accept	
SIGNATURE	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signatur	re required when reinstating)	_ ,	DATE		
F	ILE NOW!!! FEE IS \$550.00	S.607.193(2)(b),	F.S., allows for the v	vaiver of the \$400.00	9. Election Campaign I	Fire-pair & F		
	DUE BY September 8, 2004 k Payable to Florida Department o	20 8 00 00 M	king this box, the co orior notice. Fee to f	orporation certifies it file is \$150.00. \Box	Trust Fund Contribu		.00 May Be ded to Fees	
		f State did not receive p		file is \$150.00.		tion.	ded to Fees	
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I nereby ceruly that the information supplied with this filing does not quality 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 OF DIRECTOR

8-30-04