·FILE-NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DOCUMENT # P9300059281 (4) 1. Corporation Name SEA BREEZE PRESS, INC.								
Principal Place of Business Mailing Address 7230 49TH STREET NORTH 7230 49TH STREET NOR PINELLAS PARK FL 34665 PINELLAS PARK FL 3466								
					3. Date Incorporated or Qualified 08/20/1993		of Last Rep 1/28/199	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-3201364			pplied For ot Applicable
Suite, Apt. #	. etc	Suite, Apt. #, etc.						Additional
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired			equired
City & State	477	Crty & State			Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Z _{(D}	Country	28 Zip	Cour	ntry	This corporation has liability for	intangible ta		
ק בייף ק	25	<u> </u>	30		Florida Statutes 🔣 Yes	□ No		
	9. Name and Address of Currer	nt Registered Agent		<u> </u>	10. Name and Address of New F	Registered	Agent	
				81 Name				
BARRON, JAMES R			Γ	82 Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		
	ith street north As Park FL 34665		<u></u>	83				
PINELLA	13 PARK FL 34000		L				ne Zio	Code
				84 City	ration submits this statement for the pu	FL	. `	
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.		Agent signuture require	at whe residing: ADDITIONS/CHANGES TO OFF	DATE		
ITLE	OFFICERS AN	ID DIRECTORS	1 1 1	TLE T	ADDITIONS OF A VOLUME		Change	Addition
AME	BARRON, JAMES R		1.2 NA					
STREET ADDRESS	7230 49TH ST. NORTH		1350	REET ADDRESS				
DEV-ST-ZIP	PINELLAS PARK FL 34665		1.4 CF	TV - ST - ZIP				
ITLE	D	DELETE	2 1 TI	TLE			Change	Addition
NAME	BARRON, RUTH F		2.2 NA					
SZBACDA TBEAT	7230 49TH ST. NORTH			REFT ADDRESS				
CITY - ST - ZIP	PINELLAS PARK FL 34665	☐ DELETE	2 4 C	TY - ST - 7IP			Change	Addition
ITLE			3 2 N				_	
NAME				TREET ACORESS				
STREET ADDRESS CITY-ST-ZIP				TY-SI-ZIP				
TITLE		☐ DELETÉ	4 1 1				Change	☐ Addition
NAME			4.2 N	AME				
STREET ADDRESS			4 3 S	IRFET ADDRESS				
CHTY - ST - ZIP				TY - ST - 712			Change	Addition
TITLE		DELETE	5 1 T				□ Grange	L /100/1100
NAME			5 2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	54U 611	ITY - ST - ZIP			Change	☐ Addition
TITLE			62 N					
NAME CIDEET ADDDCCC			•	THEET ADDRESS				
STREET ADDRESS	t		l ""					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO CHEET TO CHE

SIGNATURE: