

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000018529	
1. Entity Name SEABREEZE WHOLESALE COMPANY, INC.	

Principal Place of Business 1621 GULF BLVD UNIT 1106 CLEARWATER FL 33767	Mailing Address P.O. BOX 3806 CLEARWATER FL 33767
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-3229247	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LIPSEY, LESLIE R 4965 TURTLE CREEK TRAIL OLDSMAR FL 34677

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, word or printed name of registered agent and title. (NOTE: Registered Agent's signature required when changing agent.)

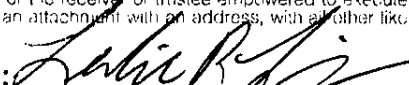
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPSEY, LESLIE R 4965 TURTLE CREEK TRAIL OLDSMAR FL 34677 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHATTUCK, GREGORY L 1621 GULF BLVD- #1106 CLEARWATER FL 33767 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WANZIE, LAUREN 10241 INDIAN MOUND DR NEW PORT RICHEY FL 34654 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSEY, LESLIE L 1127 ROYAL TROON CT TARPOON SPRINGS FL 34689 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000909228 05/06/08-80061-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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:  **4-9-08- 813-854-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR