

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021622

1. Entity Name
BAY BREEZE CONSTRUCTION, INC.



Principal Place of Business

310 W. 5TH STREET
SUITE B
PANAMA CITY, FL 32401 US

Mailing Address

PO BOX 9746
PANAMA CITY BEACH, FL 32417 US



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320803

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, JANET RAE
3665 OAKBROOK LANE
PANAMA CITY BEACH, FL 32408

**DO NOT WRITE
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 Janet Rae Jones
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500030384655
03/12/04--01052--002 **150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PD |
| NAME | JONES, MICHAEL T. |
| STREET ADDRESS | 3665 OAK BROOK LN. |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32407 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

Vice President field ops. mail
Michael T. Jones
3665 Oakbrook Lane PO Box 9746
PEB, FL 32408 PEB FL 32417

President: Janet Rae Jones
PO Box 9746
PEB FL 32417

**DO NOT WRITE
IN THIS SPACE**

Residence
3665 Oakbrook Lane
PEB FL 32417

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:

Janet Rae Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04
Date

850-215-8012
Daytime Phone #