

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90035 029 \*\*\*150.00

**DOCUMENT # P95000042664**

1. Entity Name  
**PINEBREEZE ENTERPRISES, INC.**



Principal Place of Business  
**524 STOCKTON STREET  
JACKSONVILLE, FL 32204**

Mailing Address  
**524 STOCKTON STREET  
JACKSONVILLE, FL 32204**

11000016



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3318394**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLBROOK, H. LEON  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: GAY, WILLIAM W  
STREET ADDRESS: 524 STOCKTON STREET  
CITY-ST-ZIP: JACKSONVILLE, FL 32204

TITLE: VP  
NAME: WILLIAMS, WALTER L JR  
STREET ADDRESS: 10450 SAN JOSE BLVD  
CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: ST  
NAME: PAINTER, ROGER W  
STREET ADDRESS: 524 STOCKTON ST.  
CITY-ST-ZIP: JACKSONVILLE, FL 32204

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 (904) 394-7924