

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90137 050 \*\*\*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**

**40066351**

**DO NOT WRITE IN THIS SPACE**

03022005 Chg-P CR2E034 (10/03)

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**

**H. Leon Holbrook, III, Esquire  
Holbrook, Akel, Cold, Stiefel & Ray, P.A.  
One Independent Drive, Suite 2301  
Jacksonville, Florida 32202**

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

**4-18-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
GAY, WILLIAM W  
524 STOCKTON STREET  
JACKSONVILLE, FL 32204**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PAINTER, ROGER W  
524 STOCKTON ST.  
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 #

**4-15-05 69047388-2696**