


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3318394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOLBROOK, H LEON III
ONE INDEPENDENT DRIVE, SUITE 2301
HOLBROOK AKEL COLD STLEFEL & RAY PA
JACKSONVILLE, FL 32202**

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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03/26/08-80048-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Roger W Painter **3-7-08** **(904) 388-2696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #