

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90034 028 ***150.00

DOCUMENT # P97000009955

1. Entity Name
BAY BREEZE ENTERPRISES, INC.



Principal Place of Business
6550 1ST. AVE. NO.
SUITE C
ST PETERSBURG, FL 33710

Mailing Address
6550 1ST AVE. NO.
SUITE C
ST PETERSBURG, FL 33710

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2. Principal Place of Business - No P.O. Box #

6727 1st Ave South

Suite, Apt. #, etc.

Suite 101

City & State
St. Petersburg FL

Zip
33707

3. Mailing Address

6727 1st Ave South

Suite, Apt. #, etc.

Suite 101

City & State
St. Petersburg, FL

Zip
33707

01102007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3424581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, ROBERT M
518 60TH ST SOUTH
ST PETERSBURG, FL 33707

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

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, 2007 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
D
PHILLIPS, ROBERT M
518 60TH ST SOUTH
ST PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PHILLIPS, REBECCA J
518 60TH ST SOUTH
ST PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07 (727) 384-1312