

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024396

FILED
May 01, 2006
Secretary of State

Entity Name: SEABREEZE CUSTOM CANVAS, INC.

Current Principal Place of Business:

8606 BENCH DRIVE
PORT RICHEY, FL 34668 US

New Principal Place of Business:

6101 RIDGECREST DRIVE
PORT RICHEY, FL 34668 US

Current Mailing Address:

8606 BENCH DRIVE
PORT RICHEY, FL 34668 US

New Mailing Address:

6101 RIDGECREST DRIVE
PORT RICHEY, FL 34668 US

FEI Number: 59-3441188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, SANDRA L
9465 SPARE DR
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORROW, JACK B
Address: 8615 ROSEANN BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: MORROW, PATRICIA L
Address: 8615 ROSEANN BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: MORROW, JACK
Address: 8615 ROSEANN BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P () Delete
Name: MORROW, BOBBY W
Address: 9435 SPARE DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PT () Delete
Name: MORROW, BOBBY W
Address: 9435 SPARE DR
City-St-Zip: NEW PORT RICHEY, FL 34634

Title: VS () Delete
Name: DELGADO, SANDRA L
Address: 9465 SPARE DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. DELGADO

VS

05/01/2006

Electronic Signature of Signing Officer or Director

Date