

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000032182

1. Entity Name
SEA BREEZE PAINTING, INC.



Principal Place of Business

**105 N. FLORIDA AVE.
TARPON SPRINGS, FL 34689**

Mailing Address

**105 N. FLORIDA AVE.
TARPON SPRINGS, FL 34689**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3504447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAVOUKLIS, MARIANNA
105 N. FLORIDA AVE.
TARPON SPRINGS, FL 34689**

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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	PSD
NAME	KAVOUKLIS, MARIANNA
STREET ADDRESS	105 N. FLORIDA AVE.
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	KAVOUKLIS, MANUEL
STREET ADDRESS	105 N FLORIDA AVE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	T
NAME	KAVOUKLIS, NIKITAS
STREET ADDRESS	105 N FLORIDA AVE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	KAVOULIS, ANASTASIA
STREET ADDRESS	105 NORTH FLORIDA AVE.
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/30/04-80089-013 150.00

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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 #

Marianne Kavouklis
April 26, 2004 (727) 937-7601