## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Feb 26, 2004 8:00 am Secretary of State DOCUMENT # P98000084073 ----1. Entity Name 02-26-2004 90026 050 \*\*\*150.00 COOL BREEZE BUILDERS, INC. Mailing Address Principal Place of Business P.O. BOX 8242 SEMINOLE FL 33775 US P.O. BOX 8242 94020551 SEMINOLE FL 33775 2. Principal Place of Business PAR ourt Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For 4. FEI Number 59-3536448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEWELL, DANNY Street Address (P.O. Box Number is Not Acceptable) 12848 LAKE DR **LARGO FL 33774** City 8. The above named entity submits this statement for the purpos changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE egistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME SEWELL, DANNY J NAME 9010 PAR Court STREET ADDRESS 12848 LAKE DR STREET ADDRESS Hudson, FL 3466 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Change **DVPS** Delete TITLE ■ Addition NAME SEWELL, DAWN NAME 9010 Par Court STREET ADDRESS 12848 LAKE DRIVE STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ag SIGNATURE: Daytime Phone #

FILED