2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 08:00 AM DOCUMENT # P98000084095 **Secretary of State** 1. Entity Name SEABREEZE HOLDINGS, INC. Principal Place of Business Mailing Address 2910 BAY TO BAY BLVD SUITE 200 2910 BAY TO BAY BLVD SUITE 200 **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3536245 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITING, PAUL L 1718 RICHARDSON PLACE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 City 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) 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition WHITING, GAIL F NAME NAME 1718 RICHARDSON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33606** CITY-ST-ZIP Delete TITLE fitti F Change Addition 1100000047454 WHITING, PAUL L NAME NAME 02/12/04-80041-011 150.00 1718 RICHARDSON PLACE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP **TAMPA FL 33606** CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 an address, with all other like empowered.

SIGNATURE: # SIGNATURE AND TYPED OF PRINTED NAMES SIGNING OFFICER OR DIRECTOR

2/9/04 813-314-0050

FILED