2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02380

Title:

Name:

Address: City-St-Zip: FILED Apr 22, 2004 Secretary of State

Entity Name: SEABREEZE BY THE BAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 3409 CAUSEWAY BLVD. TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 4908 PALM DR TAMPA, FL 33619 FEI Number: 59-3103032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDS, DONNA RICHARDS, DONNA 4908 PALM DR. 4908 PALMV02380 DR TAMPA, FL 33619 TAMPA, FL 33619 US 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: 04/22/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RICHARDS, HELEN C., Name: Name: 7101 49TH AVE S Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: RICHARDS, DANNY T Name: 4908 PALM DR. Address: Address: TAMPA, FL 33619 City-St-Zip: City-St-Zip: () Delete Title: Title: CEO () Change () Addition RICHARDS, ROBERT S Name: Name: 7109 49TH AVE S Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: BPD () Delete Title: () Change () Addition RICHARDS, DONNA R Name: Name: Address: 4908 PALM DR. Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HELEN C. RICHARDS D 04/22/2004

() Delete

RICHARDS, ROBERT S

7101 49TH AVE .SO.

TAMPA, FL 33619

() Change () Addition