

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J84160**

1. Entity Name  
**THE BREEZE CORPORATION**



Principal Place of Business  
**2510 DEL PRADO BLVD  
CAPE CORAL, FL 33904-750 US**

Mailing Address  
**2510 DEL PRADO BLVD  
CAPE CORAL, FL 33904-750 US**



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2824932**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GLARROW, JOHN  
2510 DEL PRADO BLVD  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000364212  
05/06/05-80034-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	NUTTING, G. OGDEN
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING, WV
TITLE	VD
NAME	NUTTING, WILLIAM C.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING, WV
TITLE	VSD
NAME	NUTTING, WILLIAM O.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING, WV
TITLE	PD
NAME	NUTTING, ROBERT M.
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING, WV
TITLE	T
NAME	WITTMAN, DUANE D
STREET ADDRESS	1500 MAIN ST
CITY-ST-ZIP	WHEELING, WV
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** Duane D. Wittman, Treasurer Duane D. Wittman

5/2/05

(304)233-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #