

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90018 042 \*\*\*150.00

**DOCUMENT # L91584**

1. Entity Name

COOL BREEZE ENTERPRISES OF DIXIE COUNTY, INC.



Principal Place of Business

23306 SE 19H HWY  
OLD TOWN FL 32680

Mailing Address

23306 SE 19TH HWY  
OLD TOWN FL 32680



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3030788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, CRAIG F.  
317 NE FIRST STREET  
GAINESVILLE FL 32601

Name **Jerome R. MAUREL JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**1216 NW 13TH STREET**

City **GAINESVILLE**

**FL**

Zip Code **32601**

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 date of filing.

**Jerome R. MAUREL, JR**

**1/28/08**

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **TUTEN, JAMES.**  
STREET ADDRESS **23306 S.E. 19TH HWY**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MARIE C. TUTEN**  
STREET ADDRESS **23306 SE 19 HWY**  
CITY-ST-ZIP **Old Town, FL 32680**

TITLE **S** ☒ Delete  
NAME **TUTEN, MARIE C**  
STREET ADDRESS **23306 SE 19TH HWY**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **S** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Marie C. Tuten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/08**  
Date

**352-542**  
**1423**  
Daytime Phone #