2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

AND TYPED OR PRINTED NAI

OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N97000001280 1. Entity Name GULF BREEZE FINANCIAL SERVICES, INC. 04-12-2004 90683 023 ****61.25 Principal Place of Business Mailing Address 315 FAIRPOINT DR. 315 FAIRPOINT DR. 94051078 GULF BREEZE, FL 32561 **GULF BREEZE, FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chq-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 33-1018549 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANNHEISSER, MATTE **504 NORTH BAYLEN STREET** Street Address (P.O. Box Number is Not Acceptable) PENSCOLA, FL 32501 Zip Code FI 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 Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Delete TITLE ☐ Change Addition GILCHRIST, M L NAME NAME 1127 SOUNDVIEW TRAIL STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE FORD, CVJR NAME NAME STREET ADDRESS 613 BAYCLIFFS CIR. STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-71P Delete ☐ Change ☐ Addition TITLE TITLE HOFFMAN, CARL T NAME NAME STREET ADDRESS 200 SHORELINE DRIVE STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change OUTZEN, RICHARD M JR NAME NAME STREET ADDRESS 110 PINE TREE DR STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP TITLE -Z/MMERN ☐ Delete TITLE ☐ Change ■ Addition ZIMMERM, BEVERLY NAME NAME STREET ADDRESS 623 BAY CLIFF STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with any address, with all other than a property of the corporation of the corpora

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