2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001280

1. Entity Name
GULF BREEZE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
315 FAIRPOINT DR. GULF BREEZE, FL 32561	315 FAIRPOINT DR. GULF BREEZE, FL 32561

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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
33-1018549

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANNHEISSER, MATT E
504 NORTH BAYLEN STREET
PENSCOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILCHRIST, M L
STREET ADDRESS	1127 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	FORD, C V JR
STREET ADDRESS	613 BAYCLIFFS CIR.
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	HOFFMAN, CARL T
STREET ADDRESS	200 SHORELINE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	OUTZEN, RICHARD M JR
STREET ADDRESS	110 PINE TREE DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	ZIMMERN, BEVERLY
STREET ADDRESS	623 BAY CLIFF
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80003-023 61.25

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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 617, 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: Jane Gilchrist 1/25/05 916-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #