## 2007 NOT-FOR-PROFIT CORPORATION

## Apr 13, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N97000001280** 04-13-2007 90171 049 \*\*\*\*61.25 1. Entity Name GULF BREEZE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 315 FAIRPOINT DR. 315 FAIRPOINT DR. **GULF BREEZE, FL 32561** GULF BREEZE, FL 32561 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 33-1018549 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANNHEISSER, MATT E Street Address (P.O. Box Number is Not Acceptable) 504 NORTH BAYLEN STREET PENSCOLA, FL 32501 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Make check payable to $\Box$ Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Ď 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 **Addition** TITLE Delete ☐ Change TELLE Fulford, Richard C. 402 Bear Dr. FORD, CVJR NAME NAME STREET ADDRESS 613 BAYCLIFFS CIR. STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP Gulf Breeze, FL 32561 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOFFMAN, CARL T NAME NAME 200 SHORELINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP Schluter, J.B. 338 Deer Point Dr. Delete ☐ Change Addition TITLE OUTZEN, RICHARD M JR NAME NAME 110 PINE TREE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP Gulf Breeze. FL 32561 TITLE ☐ Delete TITLE Change ☐ Addition ZIMMERN, BEVERLY NAME NAME STREET ADDRESS 623 BAY CLIFF STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 order like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

■ Addition

FILED