


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P00000047059 |  |
| 1. Entity Name DOLPHIN POOLS GULF BREEZE, INC. | |

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| Principal Place of Business 413 SHENANDOAH DR GULF BREEZE FL 32561 | Mailing Address 413 SHENANDOAH DR GULF BREEZE FL 32561 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

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|------------------------------------|---|
| 4. FEI Number 59-3645097 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FOSTER, JAMES WESLEY 1040 GULF BREEZE PKWY. GULF BREEZE FL 32561 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL 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 (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE D <input type="checkbox"/> Delete | NAME FOSTER, JAMES WESLEY STREET ADDRESS 413 SHENANDOAH DR CITY - ST - ZIP GULF BREEZE FL 32561 |
| TITLE D <input type="checkbox"/> Delete | NAME FOSTER, KIMBERLY MELBA STREET ADDRESS 413 SHENANDOAH DR CITY - ST - ZIP GULF BREEZE FL 32561 |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY - ST - ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME U00000274655 STREET ADDRESS 03/24/05-80021-001 150.00 CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS 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)(f), 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: *Kim M. Foster* **SECRETARY** (850) 319-1979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR