

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 027 ***150.00

DOCUMENT # P00000047059 1. Entity Name DOLPHIN POOLS GULF BREEZE, INC.			
Principal Place of Business 413 SHENANDOAH DR GULF BREEZE, FL 32561		Mailing Address 913 GULF BREEZE PKWY SUITE 8 GULF BREEZE, FL 32561	
2. Principal Place of Business - No P.O. Box # 3210 Fordham Pkwy		3. Mailing Address 3210 Fordham Pkwy	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL	
Zip 32563		Zip 32563	
Country 		Country 	
4. FEI Number 59-3645097		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JAMES 913 GULFBREEZE PKWY SUITE 8 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Foster, James Street Address (P.O. Box Number is Not Acceptable) 3210 Fordham Pkwy City Gulf Breeze FL Zip Code 32563	
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 2-15-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOSTER, JAMES WESLEY 413 SHENANDOAH DR GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Stonewall DR. Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOSTER, KIMBERLY MELBA 413 SHENANDOAH DR GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 703 Stonewall DR. Gulf Breeze, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:		2-15-07 850-916-1979 <small>Date Daytime Phone #</small>	