

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000047059

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** DOLPHIN POOLS GULF BREEZE, INC.

**Current Principal Place of Business:**

3210 FORDHAM PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3210 FORDHAM PKWY  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 59-3645097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOSTER, JAMES  
3210 FORDHAM PKWY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FOSTER, JAMES WESLEY  
**Address:** 703 STONEWALL DR.  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** D  
**Name:** FOSTER, KIMBERLY MELBA  
**Address:** 703 STONEWALL DR.  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KIMBERLY M. FOSTER

SECR

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date