


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-08-2004 90043 041 ***150.00

DOCUMENT # P00000114478 1. Entity Name GULF BREEZE P & C INC																																																																																													
Principal Place of Business 47 LAKE SHORE DR 1224 Ridge Grove Dr. S. Palm Harbor, FL 34684			Mailing Address 47 LAKE SHORE DR 1224 Ridge Grove Dr. S. Palm Harbor, FL 34684																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																										
City & State Zip Country			City & State Zip Country																																																																																										
4. FEI Number 59-2780016				<input type="checkbox"/> 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 COX, JOHN 47 LAKE SHORE DR 1224 Ridge Grove Dr. S. Palm Harbor, FL 34684			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 _____ <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D President <input type="checkbox"/> Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 25%;">COX, JOHN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>47 LAKE SHORE DR 1224 Ridge Grove Dr. S.</td> <td>CITY-ST-ZIP</td> <td>Palm Harbor, FL 34684</td> </tr> <tr> <td>TITLE</td> <td>COX Judith Vice President <input type="checkbox"/> Delete</td> <td>NAME</td> <td>COX Judith</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1224 Ridge Grove Dr. S.</td> <td>CITY-ST-ZIP</td> <td>Palm Harbor, FL 34684</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Delete</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%;">NAME</td> <td style="width: 25%;">_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> <tr> <td>TITLE</td> <td>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td>_____</td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td>CITY-ST-ZIP</td> <td>_____</td> </tr> </table> </div> </div>						TITLE	D President <input type="checkbox"/> Delete	NAME	COX, JOHN	STREET ADDRESS	47 LAKE SHORE DR 1224 Ridge Grove Dr. S.	CITY-ST-ZIP	Palm Harbor, FL 34684	TITLE	COX Judith Vice President <input type="checkbox"/> Delete	NAME	COX Judith	STREET ADDRESS	1224 Ridge Grove Dr. S.	CITY-ST-ZIP	Palm Harbor, FL 34684	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	_____	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	_____	TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	_____	STREET ADDRESS	_____	CITY-ST-ZIP	_____
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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 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: <u>Johnny B. Cox</u> 2/16/04 771-8028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																													