

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094824

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE GULF BREEZE, NEWS, INC.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY  
UNIT #35  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1414  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-3747970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PAPAJOHN, VICTORIA P  
913 GULF BREEZE PKWY, #35  
GULF BREEZE, FL 32561 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: PAPAJOHN, GREGORY C  
Address: 913 GULF BREEZE PKWY UNIT 35  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: PAPAJOHN, VICTORIA P  
Address: 913 GULF BREEZE PKWY UNIT 35  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: NEWELL, LISA  
Address: 913 GULF BREEZE PKWY UNIT 35  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: NEWELL, ROBERT  
Address: 913 GULF BREEZE PKWY UNIT 35  
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: VICTORIA P PAPAJOHN

D

01/05/2012

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

\_\_\_\_\_  
Date