

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000001298

1. Entity Name  
 BREEZE BOOKKEEPING, INC.



Principal Place of Business  
 913 GULF BREEZE PKWY  
 UNIT 34  
 GULF BREEZE, FL 32561 US

Mailing Address  
 913 GULF BREEZE PKWY  
 UNIT 34  
 GULF BREEZE, FL 32561 US



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 75-3092293 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MINOR, ELIZABETH C  
 310 SMITH CIRCLE  
 GULF BREEZE, FL 32561

**DO NOT WRITE IN THIS SPACE**

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 *Elizabeth C Minor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

*1/20/05*  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
 NAME PURCELL, JUDITH A  
 STREET ADDRESS 4134 MADURA RD  
 CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE VP  
 NAME MINOR, ELIZABETH C  
 STREET ADDRESS 310 SMITH CIRCLE  
 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 04/18/05-80093-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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: *Elizabeth C Minor* Elizabeth C Minor *1/20/05* 850-932-1119  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #