

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 020 ***150.00

DOCUMENT # P03000011527

1. Entity Name

GULF BREEZE CUSTOM INSTALLERS, INC.



Principal Place of Business

4158 MADURA FIVE
GULF BREEZE FL 32563
US

Mailing Address

4158 MADURA FIVE
GULF BREEZE FL 32563
US

2. Principal Place of Business

5680 Gulf Breeze Pkwy

3. Mailing Address

5680 Gulf Breeze Pkwy

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32563

Country

Santa Rosa

Zip

32563

Country

Santa Rosa

4. FEI Number

81-0593781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZHR, DANIEL R
4158 MADURA FIVE
PENSACOLA FL 32563

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2004

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ZHR, DANIEL R
STREET ADDRESS 4158 MADURA FIVE
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE VP ☐ Delete
NAME ZHR, LYNN M
STREET ADDRESS 4158 MADURA FIVE
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE Secretary ☐ Delete
NAME A.K.RIGHT, James E
STREET ADDRESS 2216 Creekwood CT
CITY-ST-ZIP Navarre, FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

DANIEL ZHR, President

2/20/2004

850-916-4686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #