

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129576

FILED
May 09, 2008
Secretary of State

Entity Name: GULF BREEZE INSURANCE AGENCY INC.

Current Principal Place of Business:

2501 BRISTOL DRIVE
B-4
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

2501 BRISTOL DRIVE
B-4
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 26-0845468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAIRVOYANT, LUVIA
2016 LITTLE TORCH STREET
WEST PALM BEACH, FL 33407 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAIRVOYANT, LUVIA
Address: 2016 LITTLE TORCH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP () Delete
Name: CLAIRVOYANT, LUXENE
Address: 2016 LITTLE TORCH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: DIRE () Delete
Name: LAWRENCE, CASSANDRA
Address: 902 42ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TREA () Delete
Name: CLAIRVOYANT, LUCINDA
Address: 2016 LITTLE TORCH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUVIA CLAIRVOYANT

P

05/09/2008

Electronic Signature of Signing Officer or Director

_____ Date