

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129576

FILED
Apr 30, 2011
Secretary of State

Entity Name: GULF BREEZE INSURANCE AGENCY INC.

Current Principal Place of Business:

710 BELVEDERE RD.
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

710 BELVEDERE RD.
WEST PALM BEACH, FL 33405 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

OFFICERS AND DIRECTORS:

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

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

Title: DIRE
Name: CLAIRVOYANT, EVELYNE
Address: 2016 LITTLE TORCH ST
City-St-Zip: WEST PALM BEACH, FL 33407 US

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

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: LUVIA CLAIRVOYANT

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date