FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000089677

1. Entity Name
GULF BREEZE FRAMING, INC.

Principal Place of Business	Mailing Address
1882 TAMIAMI TRAIL SOUTH US 41 VENICE, FL 34293	1882 TAMIAMI TRAIL SOUTH US 41 VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E084 (10/03)

4. FEI Number
65-0545284

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPPEL, TOM
1207 U.S. 41 BY-PASS SOUTH
VENICE, FL 34292
1882 TAMIAMI TRAIL SOUTH-US41
VENICE, FL 34293

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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: B. Thomas Chappel 4/29/04
Required, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000001 [illegible]
05/04/04-80043-015 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	CHAPPEL, B T
STREET ADDRESS	5199 LEMON BAY DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: B. Thomas Chappel 4/29/04 941-492-3001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #