

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90252 038 \*\*\*150.00

DOCUMENT # P95000039250

1. Entity Name  
GULF BREEZE LAND, INC.



Principal Place of Business Mailing Address  
~~350 PENSACOLA BEACH BLVD.~~ P.O. BOX 99  
~~SUITE 7 400 Gulf Breeze Pkway.~~ GULF BREEZE, FL 32562-0099 US  
GULF BREEZE, FL 32561 US *Suite 208*



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3320019 Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

LYONS, MARK III  
68 BAYBRIDGE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	LYONS, MARK III
STREET ADDRESS	<del>68 BAYBRIDGE</del>
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	LYONS, BROOKS W
STREET ADDRESS	<del>350 PENSACOLA BCH BLVD STE 7</del>
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	400 Gulf Breeze Pkway. Suite 208
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

850 934-0440

Daytime Phone #