


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000062238 1. Entity Name GULF BREEZE, FLORIDA VENTURE, INC.	
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Principal Place of Business 3087 GULF BREEZE PKWY GULF BREEZE, FL 32561 US	Mailing Address 3938 GOVERNMENT BLVD STE 102 MOBILE, AL 36693-315 US
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1154090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, MARK
549 NEW WARRINGTON ROAD
PENSACOLA, FL 32506

**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	D
NAME	KENNER, ROBERT D
STREET ADDRESS	3938 GOVERNMENT BOULEVARD, SUITE 102
CITY-ST-ZIP	MOBILE, AL 36693
TITLE	D
NAME	WILSON, WILLIAM B
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	D
NAME	WILSON, JAMES W III
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80011-012 150.00

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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

Don Kenner

4/23/04

251-6666-9938