

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90124 008 ***150.00

DOCUMENT # P95000062238	
1. Entity Name GULF BREEZE, FLORIDA VENTURE, INC.	

Principal Place of Business 2660 EAST CHASE LANE SUITE 100 MONTGOMERY, AL 36117 US	Mailing Address 3938 GOVERNMENT BLVD STE 102 MOBILE, AL 36693-315 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2660 Eastchase Ln, suite 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Montgomery AL
Zip	Country
Country	Zip 36117-7024



04212008	Chg-P	CR2E034 (12/06)
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	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEMER, ROBERT D	NAME	
STREET ADDRESS	3938 GOVERNMENT BOULEVARD, SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 36693	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLIAM B	NAME	
STREET ADDRESS	2660 E. CHASE LN. STE 100	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES W III	NAME	
STREET ADDRESS	2660 E. CHASE LN. STE 100	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36117	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **JAMES W WILSON III** **4/16/08** **334 260 2522**