

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083402

FILED
Jul 09, 2007
Secretary of State

Entity Name: OCEANBREEZE PROPERTIES, INC.

Current Principal Place of Business:

800 INDIAN RIVER BLVD
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

800 INDIAN RIVER BLVD
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-3471725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSHELL, TERESA
800 INDIAN RIVER BLVD
EDGEWATER, FL 32132 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VOSHELL, TERESA
Address: 665 HAMMETT LN
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VP () Delete
Name: VOSHELL, BRAD
Address: 665 HAMMETT LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERESA VOSHELL

PRES

07/09/2007

Electronic Signature of Signing Officer or Director

Date