

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90001 006 \*\*\*150.00

**DOCUMENT # P98000050853**

1. Entity Name

DUNE BREEZE DEVELOPMENT, INC.



Principal Place of Business

23B DUNE BREEZE LANE  
SANTA ROSA BEACH FL 32459

Mailing Address

P O BOX 2572  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

*45 B Dune Breeze Ln*

Suite, Apt. #, etc.

City & State

*Santa Rosa Beach, Fl.*

City & State

Zip

*32459*

Country

*WALTON*

Zip

Country

4. FEI Number

59-3520963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEMBREE, MAXINE  
6298 CALLE DE HIDALGO  
NAVARRE FL 32566

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HEMBREE, WADE ☐ Delete  
STREET ADDRESS 45-B DUNE BREEZE LANE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE S  
NAME HEMBREE, MAXINE ☐ Delete  
STREET ADDRESS 45-B DUNE BREEZE LANE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D  
NAME HAVERS, JOE ☐ Delete  
STREET ADDRESS 40 LAJOLLA CIRCLE  
CITY-ST-ZIP MONTGOMERY TX 77356

TITLE D  
NAME HAVENS, MARGARET ☐ Delete  
STREET ADDRESS 40 LOJOLLA CIRCLE  
CITY-ST-ZIP MONTGOMERY TX 77356

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Wade Hembree Pres*

*2/10/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #