


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000063839	
1. Entity Name OCEAN BREEZE TRANSPORTATION, INC.	

Principal Place of Business 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572	Mailing Address 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
SIMCIC, FREDERICK E 6604 HARNEY ROAD SUITE D TAMPA, FL 33610	

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06232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0929489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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)

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

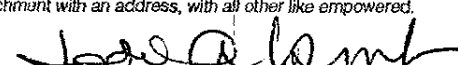
<p>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMB, JODI 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANCH, JAMES D 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FELTY, MARY 1417 BEACH CLUB LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/14/04-80001-011 150.00

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)(f), 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:  **9/2/04 8136413350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____