

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 010 ***150.00

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1. Entity Name

OCEAN BREEZE TRANSPORTATION, INC.



Principal Place of Business

1416 BEACH CLUB LANE
APOLLO BEACH FL 33572

Mailing Address

188 TUMBLEWEED RD.
C/O DEBRA FECHNER
FITZGERALD GA 31750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0929489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMCIC, FRED
6604 HARNEY RD STE D
TAMPA FL 33610

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME STEVERSON, WILLIE W
STREET ADDRESS 188 TUMBLEWEED RD
CITY-ST-ZIP FITZGERALD GA 31750

TITLE V ☒ Delete
NAME BRANCH, JAMES D
STREET ADDRESS 1416 BEACH CLUB LANE
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE S ☒ Delete
NAME FECHNER, DEBRA A
STREET ADDRESS 188 TUMBLEWEED RD
CITY-ST-ZIP FITZGERALD GA 31750

TITLE T ☒ Delete
NAME PLUCK, JACQUELINE
STREET ADDRESS P.O. BOX 3994
CITY-ST-ZIP CORDELE GA 31010-3994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Fechner, Debra
STREET ADDRESS 188 Tumbleweed Road
CITY-ST-ZIP Fitzgerald GA 31750

TITLE ☒ Change ☐ Addition
NAME ~~Debra Fechner~~
STREET ADDRESS 190 Tumbleweed Road
CITY-ST-ZIP Fitzgerald GA 31750

TITLE ☒ Change ☐ Addition
NAME Butrica, Irving
STREET ADDRESS 190 Tumbleweed Road
CITY-ST-ZIP Fitzgerald GA 31750

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 exemptions contained in Section 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

Willie W. Stevenson (President)
WILLIE W. STEVERSON 4-7-06 (2293935858)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #