

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07208

FILED
Apr 16, 2004
Secretary of State

Entity Name: GULF BREEZE DEVELOPMENT CO.

Current Principal Place of Business:

1219 OSCEOLA DRIVE
BOX 061487
FT. MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

1219 OSCEOLA DRIVE
BOX 061487
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0227726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTMAN, EDWIN J
1219 OSCEOLA DR
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

WITTMAN, EDWIN J
1219 OSCEOLA DR
FT. MYERS, FL 33901 US

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: EDWIN J WITTMAN

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WITTMAN, KATHLEEN A
Address: 1219 OSCEOLA DR.
City-St-Zip: FT. MYERS, FL

Title: TV () Delete
Name: WITTMAN, KATHEEN A
Address: 1219 OSCEOLA DR.
City-St-Zip: FORT MYERS, FL 33901

Title: DP () Delete
Name: WITTMAN, EDWIN J
Address: 1219 OSCEOLA DR
City-St-Zip: FT MYERS, FL 33901

Title: DS () Delete
Name: WITTMAN, CHRISTOPHER J
Address: 1219 OSCEOLA DR
City-St-Zip: FT MYERS, FL 33901

Title: D (X) Delete
Name: WITTMAN, PATRICK J
Address: 1219 OSCEOLA DR
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: WITTMAN, EDWIN J
Address: 1219 OSCEOLA DR.
City-St-Zip: FT. MYERS, FL

Title: DV (X) Change () Addition
Name: WITTMAN, KATHEEN A
Address: 1219 OSCEOLA DR.
City-St-Zip: FORT MYERS, FL 33901

Title: DV (X) Change () Addition
Name: WITTMAN, CHRISTOPHER J
Address: 1219 OSCEOLA DR
City-St-Zip: FT MYERS, FL 33901

Title: DV (X) Change () Addition
Name: WITTMAN, PATRICK J
Address: 1219 OSCEOLA DR
City-St-Zip: FT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN J WITTMAN

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date