2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # V32058 03-22-2004 90036 044 ***150.00 KEY BREEZE, INC. Principal Place of Business Mailing Address **883100+0** 500 VENICE BYPASS S VENICE FL 34292 500 VENICE BYPASS S VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0331792 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIGNAM DIGNAM Thomas M. Street Address (P.O. Box Number is Not Acceptable) DAGNAM)THOMAS M 5206 THE POINTE -PORRACTION OF SPOLLING **ENGLEWOOD FL 34223** City Zip Code FL B. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS VPT TITLE ☐ Addition Change YITI F Delete BURDICK, WM. NAME 6191 ALLOWAY ST STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete DIGNAM, THOMAS M NAME NAME STREET ADDRESS 5206 THE POINTE STREET ADORESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP. CITY-SY-ZIP TILLE ππε ☐ Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7E CITY-ST ZIP 12. (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 eath; 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**

FILED