

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129576

**Entity Name:** GULF BREEZE INSURANCE AGENCY INC.**Current Principal Place of Business:**710 BELVEDERE RD.  
WEST PALM BEACH, FL 33405**Current Mailing Address:**710 BELVEDERE RD.  
WEST PALM BEACH, FL 33405 US**FEI Number:** 26-0845468**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAIRVOYANT, LUVIA  
2016 LITTLE TORCH STREET  
WEST PALM BEACH, FL 33407 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	CLAIRVOYANT, LUVIA
Address	2016 LITTLE TORCH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRE
Name	CLAIRVOYANT, EVELYNE
Address	2016 LITTLE TORCH ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	CLAIRVOYANT, LUXENE
Address	2016 LITTLE TORCH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	TREA
Name	CLAIRVOYANT, LUVIA
Address	2016 LITTLE TORCH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUVIA CLAIRVOYANT**PRESIDENT****04/30/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date