

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008136

FILED
Apr 28, 2005
Secretary of State

Entity Name: BLOOMINGDALE BREAKERS, INC.

Current Principal Place of Business:

4404 HICKORY CT
BRANDON, FL 33511

New Principal Place of Business:

2808 WINDING TRAIL DR.
VALRICO, FL 33594

Current Mailing Address:

4404 HICKORY CT
BRANDON, FL 33511

New Mailing Address:

2808 WINDING TRAIL DR.
VALRICO, FL 33594

FEI Number: 20-1509881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMONS, DAWN
4404 HICKORY CT
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

EWING, TOM
2808 WINDING TRAIL DR.
VALRICO, FL 33594 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: TOM EWING

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EWING, TOM
Address: 2808 WINDING TRAIL DR
City-St-Zip: VALRICO, FL 33594

Title: VSD () Delete
Name: LEMONS, DONALD
Address: 4404 HICKORY CT
City-St-Zip: BRANDON, FL 33511

Title: STD (X) Delete
Name: LEMONS, DAWN
Address: 4404 HICKORY CT
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: EWING, TOM
Address: 2808 WINDING TRAIL DR
City-St-Zip: VALRICO, FL 33594

Title: VSD (X) Change () Addition
Name: ZAK, RANDY
Address: 2224 GOLF MANOR BLVD.
City-St-Zip: VALRICO, FL 33594

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM EWING

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date