


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90061 032 \*\*\*\*61.25

<b>DOCUMENT # 718408</b> 1. Entity Name <b>CANAVERAL BREAKERS ANNEX, INC., A CONDOMINIUM</b>					
Principal Place of Business <b>8522 N ATLANTIC AVE #133 BOX 4</b> <b>CAPE CANAVERAL, FL 32920</b>				Mailing Address <b>8522 N ATLANTIC AVE #133 BOX 4</b> <b>CAPE CANAVERAL, FL 32920</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1449784</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITNEY CLIFFORD</b> <b>8522 N. ATLANTIC AVE. #36</b> <b>CAPE CANAVERAL, FL 32920</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEITLER, BOB		NAME		
STREET ADDRESS	5431 BYRON RD		STREET ADDRESS		
CITY-ST-ZIP	DURAND, MI 48429		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLIFFORD, WHITNEY		NAME		
STREET ADDRESS	8522 N. ATLANTIC AVE. #36		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAUGH, RANDY		NAME		
STREET ADDRESS	8522 N ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLOCK, PATRICIA		NAME		
STREET ADDRESS	8255 N ATLANTIC AVE, # 41		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	TS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEMOWSKY, AUDREY		NAME		
STREET ADDRESS	8522 N ATLANTIC AVE, # 44		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKER, DAVE		NAME		
STREET ADDRESS	11443 WING DR		STREET ADDRESS		
CITY-ST-ZIP	CLIO, MI 48420		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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.					
<b>SIGNATURE:</b> <i>Whitney Clifford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-16-08</b> Daytime Phone #		