

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006431

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE BREAKERS CORPORATION

Current Principal Place of Business:

1848 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

New Principal Place of Business:

9019 C OTTER CREEK DR
CHARLOTTE, NC 28277

Current Mailing Address:

PO BOX 4268
ORMOND BEACH, FL 32175

New Mailing Address:

PO BOX 77879
CHARLOTTE, NC 28271

FEI Number: 62-1303972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARGREAVES, LINDA
1848 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

HARGREAVES, LINDA
9019 C OTTER CREEK DR
CHARLOTTE, NC, FL 28277 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:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARGREAVES, LINDA W
Address: 1848 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: ST () Delete
Name: HARGREAVES, MICHAEL C
Address: 1848 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARGREAVES, LINDA W
Address: PO BOX 77879
City-St-Zip: CHARLOTTE, NC 28271

Title: ST (X) Change () Addition
Name: HARGREAVES, MICHAEL C
Address: PO BOX 77879
City-St-Zip: CHARLOTTE, NC 28271

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA W. HARGREAVES

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date