

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003024

Entity Name: AUTUMN BREEZE II, INC.

FILED
Mar 03, 2008
Secretary of State

Current Principal Place of Business:

PO BOX 789
STEINHATCHEE, FL 32359

New Principal Place of Business:

203 RYLAND CIRCLE
STEINHATCHEE LANDING RESORT
STEINHATCHEE, FL 32359 US

Current Mailing Address:

PO BOX 789
STEINHATCHEE, FL 32359

New Mailing Address:

FEI Number: 58-1418361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, R. DEAN
STEINHATCHEE LANDING
STEINHATCHEE, FL 32359 US

Name and Address of New Registered Agent:

FOWLER, R. DEAN
203 RYLAND CIRCLE
STEINHATCHEE, FL 32359 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:

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: FOWLER, R. DEAN
Address: 1604 3RD AVE. SOUTH
City-St-Zip: STEINHATCHEE, FL 32359

Title: S () Delete
Name: JONES, SHEILA
Address: P.O. BOX 180
City-St-Zip: COBB, GA 31735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: R. DEAN FOWLER

CEO

03/03/2008

Electronic Signature of Signing Officer or Director

Date