


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90069 031 ****61.25

DOCUMENT # N01000005188	
1. Entity Name THE BREITMEIER FAMILY FOUNDATION, INC.	

Principal Place of Business 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	Mailing Address 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
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2. Principal Place of Business 440 South Babcock Street	3. Mailing Address 440 South Babcock Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Melbourne, Florida	City & State Melbourne, FL
Zip	Country
	32901



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3733817	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NASH, CHARLES I 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name: c/o Nash & Kromash, LLP Street Address (P.O. Box Number is Not Acceptable): 440 South Babcock Street City: Melbourne FL Zip Code: 32901
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	NAME BREITMEIER, JAMES W <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 930 S HARBOR CITY BLVD STE 505 440 South Babcock Street	CITY-ST-ZIP MELBOURNE, FL 32901	STREET ADDRESS	→ 440 South Babcock Street
TITLE VSD	NAME BREITMEIER, SANDRA V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 930 S HARBOR CITY BLVD STE 505 →	CITY-ST-ZIP MELBOURNE, FL 32901	STREET ADDRESS	440 South Babcock Street
TITLE D	NAME NASH, CHARLES I <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 930 S HARBOR CITY BLVD STE 505 →	CITY-ST-ZIP MELBOURNE, FL 32901	STREET ADDRESS	440 South Babcock Street
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: James W. Breitmeier James W. Breitmeier, President 2/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #