

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2009
Secretary of State**

DOCUMENT# N02000007828

Entity Name: BREEZE HILL STORAGE, INC.

Current Principal Place of Business:

8674 BREEZE HILL DR
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

BREEZE HILL STORAGE
POST OFFICE BOX 264
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 42-1554339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JAMES R
8674 BREEZE HILL DRIVE
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROUNDS, RICHARD
Address: 8664 BREEZE HILL DR
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: VUKICH, JAME
Address: 9186 LAKE POINT BLVD
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: BROWN, JAMES R
Address: 8647 BREEZEHILL DR.
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: SYPHEIT, TOM
Address: 8677 BREEZE HI;L DR
City-St-Zip: LAKE WALES, FL 33898

Title: SD () Delete
Name: BRYANT, LARRY
Address: 3671 BREEZE WAY
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: BARDO, CORMAN
Address: 8713 BREEZE HILL DRIVE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: JAMES R. BROWN

TD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date