

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002408

FILED
Apr 09, 2005
Secretary of State

Entity Name: BREEZEMONTE HOMES, INC.

Current Principal Place of Business:

6215 LAKE LAGUNO DR
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6215 LAKE LAGUNO DR
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3328366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENEFEE, ALBERT
6215 LAKE LUGANO DR
JACKSONVILLE, FL 32256 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: DT () Delete
Name: GRIER, ANNIE
Address: 8100 MONCRIEF DINSMORE RD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: DP () Delete
Name: MENEFEE, ALBERT
Address: 2755 SANDUSKY AVE. WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS (X) Delete
Name: MCGONIGAL, THERESA
Address: 6215 LUGANO LK DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: TVP (X) Delete
Name: JEAN, MICHELLE
Address: 7740 SOUTHSIDE BLVD APT 2401
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Delete
Name: KELLEBREW, HOLLIS
Address: 7740 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: MENEFEE/MARSHALL, JULIA M
Address: 4219 RHODE ISLAND NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: DP (X) Change () Addition
Name: MENEFEE, ALBERT
Address: 8246 LUCAYA CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
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 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 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: ALBERT MENEFEE

DP

04/09/2005

Electronic Signature of Signing Officer or Director

Date