

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90163 022 ***150.00

DOCUMENT # P01000080109

1. Entity Name
BREEZEWAY TRAILER PARK, INC.



Principal Place of Business
**P. O. BOX 531885
ST. PETERSBURG, FL 33741-1885**

Mailing Address
**P. O. BOX 531885
ST. PETERSBURG, FL 33741-1885**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743393

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIECKOWSKI, WACLAW
1707 AZALEA COURT
UNIT B
OLDSMAR, FL 34677-2700**

*NOTA PODSIEDLIK
P.O. BOX 531885
ST. PETE, FL
33747*

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 2/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PODSIEDLIK, PIOTR
5626 GULFPORT BLVD SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PODSIEDLIK, KELLY
2656 GULFPORT BLVD SOUTH
GULFPORT, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 2/05 727 384-2259
Date Daytime Phone #