

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P02000079539**

1. Entity Name  
**BELIZEAN BREEZE STORM SHUTTERS  
MANUFACTURING, INC.**



05-26-2004 90006 001 \*\*\*145.00  
05-26-2004 90006 002 \*\*\*\*13.75

Principal Place of Business  
**1236 B 53RD ST  
MANGONIA PARK, FL 33407**

Mailing Address  
**1236 B 53RD ST  
MANGONIA PARK, FL 33407**

**66424141**



**DO NOT WRITE IN THIS SPACE**

05052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**05-0546399**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAEGER, FRANCIS L  
535 26TH STREET  
WEST PALM BEACH, FL 33407**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PCEO TAEGER, FRANCIS L 535 26TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAEGER, RITA 420 33RD ST. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/7/04**