

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90347 001 \*3,600.00

66013777



02222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000068761</b> 1. Entity Name <b>BREAKAWAY TRAILS HOLDING COMPANY OF VOLUSIA COUNTY, INC.</b>					
Principal Place of Business <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119 US</b>		
2. Principal Place of Business <b>2379 Beville Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>2379 Beville Road</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3278057</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Daytona Beach, Florida</b>		City & State <b>Daytona Beach, Florida</b>			
Zip <b>32119</b>		Country <b>USA</b>			
Zip <b>32119</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>MORTEZA HOSSEINI-KARGAR</b> <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2379 Beville Road</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2379 Beville Road	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THORNTON-HILL, TERESA 2359 BEVILLE RD DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>		<b>Morteza Hosseini-Kargar</b> <b>President</b>		<b>4/21/05</b> <b>386-788-0820</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					