

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 043 ***150.00

DOCUMENT # P99000058731

1. Entity Name

BREAKERS COURT DEVELOPMENT, INC.



Principal Place of Business

**17221 ALICO CENTER RD
FT MYERS FL 33912
6119 BRAHMAN DR
LAKE LAND, FL 33810**

Mailing Address

**17221 ALICO CENTER RD
FT MYERS FL 33912
6119 BRAHMAN DR
LAKE LAND, FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0945364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PEEPLES, J W	
STREET ADDRESS	17221 ALICO CENTER RD 6119 BRAHMAN DR	
CITY-ST-ZIP	FT MYERS FL 33912 LAKE LAND, FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, J T	
STREET ADDRESS	P O BOX 1665	
CITY-ST-ZIP	LAKELAND FL 33802-1665	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, PHILEMON G	
STREET ADDRESS	P O BOX 1665	
CITY-ST-ZIP	LAKELAND FL 33802-1665	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

J.W. PEEPLES
J.W. PEEPLES

3-4-04

Date

863-858 0548

Daytime Phone #