

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

07-08-2005 90020 012 ***150.00

DOCUMENT # P99000085436 1. Entry Name BREITHAAPT ENTERPRISES, INC.			
Principal Place of Business 2113 CLARK PL SILVER SPRING, MD 20910		Mailing Address 2113 CLARK PL SILVER SPRING, MD 20910	
2. Principal Place of Business 19 W. CHERYL DR. Suite, Apt. #, etc.	3. Mailing Address 19 W. CHERYL DR. Suite, Apt. #, etc. PHOENIX, AZ		
City & State PHOENIX, AZ	City & State PHOENIX, AZ		
Zip 85021	Country USA	4. FEI Number 59-3600366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LAURIA, RONALD G 620 CRANES WAY, SUITE 207 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BREITHAAPT, MARK STREET ADDRESS 3150 ANCHOR WAY CT., APT E CITY-ST-ZIP FALLS CHURCH, VA 22042	<input type="checkbox"/> Delete	TITLE P NAME BREITHAAPT, MARK STREET ADDRESS 19 W. CHERYL DR. CITY-ST-ZIP PHOENIX, AZ 85021	<input checked="" 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)(1), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7-5-05 Daytime Phone #: 602-890-3060	

ATTACHMENT

Attention: Annual Reports Section
Date: 8-8-05
From: Breithaupt Enterprises Inc
Subject: Late Fee

6625841
#P99000085436

I did not receive the annual report/uniform business report form due to a change of address.
I am requesting that you please waive the late fee, and accept my \$150.00 filing fee as
payment in full for my 2005 annual report filing.

Thankyou.

Mark Breithaupt
President Breithaupt Enterprises Inc.

