


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90347 001 *3,600.00

DOCUMENT # S49458 1. Entity Name BREAKAWAY TRAILS, INC.	
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Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 US	Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 US
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2. Principal Place of Business 2379 Beville Road	3. Mailing Address 2379 Beville Road
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Daytona Beach, Florida	City & State Daytona Beach, Florida
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Zip 32119	Country USA	Zip 32119	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119	Name
	Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road
	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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THORNTON-HILL, TERESA 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Newkirk, Kimberly A. 2379 Beville Road Daytona Beach, FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRLAND, CHARLENE B 2359 BEVILLE ROAD DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2379 Beville Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CYNTHIA C 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2379 Beville Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2379 Beville Road <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

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: Cynthia C. Jones **President** 4/11/05 **386-788-0820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #