## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V56614

Title:

Name:

Address:

City-St-Zip:

( ) Delete

HARKNESS, HEATHER

8194 NATURE'S WAY, #33

BRADENTON, FL 34202

TREA

Entity Name: BRECKINRIDGE CUSTOM HOMES, INC

FILED Jan 07, 2005 Secretary of State

Littly Nam	ie. DRECKINK	RIDGE COSTOWITIOWIES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5580 46TH BRADENTO	CT WEST DN, FL 34210	MA	9080 58TH DR. EAST SUITE 100 BRADENTON, FL 342	202 MA	
Current Ma	iling Address	:	New Mailing Address	New Mailing Address:	
PO BOX 25 SARASOTA		SA	9080 58TH DR. EAST SUITE 100 BRADENTON, FL 342	002 SA	
FEI Number: 6	65-0356630	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
FRYE, KELLY G. 4905 28TH COURT EAST BRADENTON, FL 34203 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	P () C FRYE, KELLY G., 4950 28TH CT EA BRADENTON, FL	AST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () C FRYE, PRISCILLA 4950 28TH CT EA BRADENTON, FL	AST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TREA

HARKNESS, HEATHER

HOLLAND, MI 49424

337 GREENWOOD AVE.

SIGNATURE: KELLY FRYE P 01/07/2005

(X) Change ( ) Addition