2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 201333

Entity Name: BREVARD INSURANCE AND MARKETING, INC.

Current Principal Place of Business:

3201 N. ATLANTIC AVENUE
COCOA BEACH, FL 32932

New Principal Place of Business:

3201 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931

Current Mailing Address:

P.O. BOX 320770
COCOA BEACH, FL 32931

New Mailing Address:

P.O. BOX 320770
COCOA BEACH, FL 32932

FEI Number: 59-0832274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KABBOORD, WILLIAM III
3201 N ATLANTIC AVE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: KABBOORD, HOLLY
Address: 3201 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: KABBOORD, DAVID,
Address: 3201 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL

Title: P ( ) Delete
Name: KABBOORD, WILLIAM II, I
Address: 3201 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: WILLIAM KABBOORD III P 01/05/2009
Electronic Signature of Signing Officer or Director Date