

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILE 708161

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24007861



MOORE CR2E037 (11/03)

DOCUMENT # 708161 1. Entity Name HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 1500 W. EAU GALLIE BLVD. STE. A MELBOURNE FL 32935		Mailing Address 1500 W. EAU GALLIE BLVD. STE A MELBOURNE FL 32935 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1448721	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAISER FRANCK H. 1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW. FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KAISER, FRANCK H 1500 W. EAU GALLIE BLVD., SUITE A MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCHRAN, ROBERT PO BOX 33307 INDIALANTIC FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gover, Keith 4011 Digital Light DR, Suite 109 Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOVER, KEITH 4011 DIGITAL LIGHT DR, SUITE 109 MELBOURNE FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARIN, David 6767 N. Wickham Rd, Suite 500A Melbourne, FL 32940-2027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REED, RHONDA 1900 S HARBOUR CITY BLVD, #109 MELBOURNE FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMS, DON 2825 BUSINESS CENTER, SUITE C1 MELBOURNE FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Philpot 5201 Okeechobee Rd. Fort Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 reports 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 617, 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: <i>Frank H. Kaiser Jr</i> FRANK H. KAISER JR 1/27/04 321 254 3700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					