## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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Country

9. Name and Address of Current Registered Agent

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**WEST MELBOURNE FL 32904** 

CABRERA, CHARLES T. 4356-B FORTUNE PL.

Corporation Name	9400 (6)		
CHESAPEAKE CONSTRUCT	TION OF BREVARD, INC.		
Principal Place of Business	Mailing Address  4356-B FORTUNE PL  WEST MELBOURNE FL 32904 US		
4356-B FORTUNE PL			
WEST MELBOURNE FL 32804 US			
2. Principal Place of Business	2a. Mailing Address 26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
12	27		
City & State	City & State		

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**FILED** Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1987 Applied For 59-2833285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered applying the State of Florida, Such change was authorized by the corporation's board of directors. Legacy accept the appropriate as registered

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered significant title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	(NOTE: NO	13.	ADDITIONS/CHANGES TO OFFICER		IS IN 12		
TITLE	<b>D</b> D	ELETE	1.1 TITLE		☐ Change	Addition		
NAME	CABRERA, CHARLES T.		1.2 NAME			'		
STREET ADDRESS	4356-B FORTUNE PL		1.3 STREET ADDRESS					
City-St-Zip	WEST MELBOURNE FL 32904		1.4 CITY-ST-ZIP					
TITLE	D	ELETE	2.1 TITLE		☐ Change	Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP_			2. 4 CITY+ST-ZIP					
TITLE		ELETE	3.1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CtTY-ST-ZIP					
TITLE	□ D	ELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZiP					
TITLE	D	ELETE	5.1 TITLE	· ·	Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	□ DI	ELETE	6.1 TITLE	:	Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

2/10/08 407.952-2258