


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000099200
 1. Entity Name
 B.A.L. OF BREVARD, INC.



Principal Place of Business: 775 E. MERRITT ISLAND CAUSEWAY, STE. 320 MERRITT ISLAND, FL 32952
 Mailing Address: 1475 PARADISE CT. MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3700844 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURROWS, TOM G
 775 E. MERRITT ISLAND CAUSEWAY, STE. 320
 MERRITT ISLAND, FL 32952

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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)

FILE AFTER MAY 1, 2005 Fee will be \$550.00
 Trust Fund Contribution: Added to Fees: 01/29/05-80019-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIEBERMAN, ARNOLD S
STREET ADDRESS	1475 PARADISE CT.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Arnold S Lieberman* 1/29/05 453 5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #