

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90004 020 ***150.00

DOCUMENT # P01000000411

1. Entity Name*

BREVARD PROCUREMENT SPECIALISTS, INC.



Principal Place of Business

2610 FOREST RUN DR
MELBOURNE FL 32935

Mailing Address

2610 FOREST RUN DR
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3693989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PORTISS, RAIMOND H
599 SHERWOOD AVE. #202
SATELLITE BEACH FL 32937~~

Name

RAIMOND H. PORTISS
Street Address (P.O. Box Number is Not Acceptable)

2610 FOREST RUN DR

City

MELBOURNE

FL

Zip Code

32935

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

Raimond H. Portiss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PORTISS, RAIMOND H	
STREET ADDRESS	2610 FOREST RUN DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	☐ Delete
NAME	PORTISS, JUDY R	
STREET ADDRESS	2610 FOREST RUN DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Raimond H. Portiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

Date

321-626-0948

Daytime Phone #