

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 026 ***550.00

DOCUMENT # P04000035981 1. Entity Name AUTOMATIC RAIN OF BREVARD, INC.					
Principal Place of Business 255 CARISSA DRIVE SATELLITE BEACH, FL 32937			Mailing Address 255 CARISSA DRIVE SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2446780	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, JOHN J 255 CARISSA DRIVE SATELLITE BEACH, FL 32937				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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, JOHN J 255 CARISSA DRIVE SATELLITE BEACH, FL 32937	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T KNIGHT, KRISIDA A 255 CARISSA DRIVE SATELLITE BEACH, FL 32937	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, JOSEPH J 2600 LARRY COURT MELBOURNE, FL 32935	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 7/14/07 321-777-6263 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					