


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

02-10-2005 90047 038 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P04000092624 | | | |  | |
| 1. Entity Name A SHADE ABOVE OF BREVARD, INC. | | | | | |
| Principal Place of Business 390 S. WICKHAM ROAD MELBOURNE, FL 32904 US | | | Mailing Address 390 S. WICKHAM ROAD MELBOURNE, FL 32904 US | | |
| 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 #20-1268213 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 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: <u>P. O. B. CFA</u> DATE: <u>2/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.D BAYS, JINKIE A 215 RIVER WALK MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: <u>Jinkie Bays</u> | | | DATE: <u>2/5/05</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |

66014817



02012005 Chg-P CR2E034 (10/03)



A SHADE ABOVE
390 S. WICKHAM RD.
W. MELBOURNE, FL 32904

#20-1268213

2097

2/5/05

DATE

63-1491/631

PAY TO THE
ORDER OF

Department Of State

\$ 150.⁰⁰

One Hundred Fifty & 00/100

DOLLARS



Security
Features
Details on
Back

FIRST BUSINESS BANK
MELBOURNE, FL 32935

Document

FOR #P04000092624

Carrie A. Back

AP

