

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000099664

**FILED**  
**Aug 18, 2011**  
**Secretary of State**

**Entity Name:** THE FLORIDA MARKETPLACE OF BREVARD, INC.

**Current Principal Place of Business:**

502 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

502 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-3415390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARKIN, DAVID G.  
1900 S. HICKORY STREET  
SUITE A  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: PAYLOR, RALPH R  
Address: 502 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: DVPS  
Name: ZORBIS, ANDREW  
Address: 502 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH R. PAYLOR

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08/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date