2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000043998

1. Entity Name
BREVARD LEAK DETECTION, INC.

Principal Place of Business	Mailing Address
145 DUVAL ST. MELBOURNE BEACH, FL 32951	145 DUVAL ST. MELBOURNE BEACH, FL 32951

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3577526
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ERIKA K
145 DUVAL ST.
MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

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 Michael Rogers - Erika K. Rogers 3/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ROGERS, MICHAEL
STREET ADDRESS	145 DUVAL STREET
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	P
NAME	ROGERS, ERIKA
STREET ADDRESS	145 DUVAL ST
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	T
NAME	KAEVATS, JURI
STREET ADDRESS	609 CITRUS CT
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	S
NAME	KAEVATS, SANDRA
STREET ADDRESS	609 CITRUS CT
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80065-018 150.00

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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: Michael Rogers - Erika K. Rogers 3/27/04 321-729-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #