## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # P99000043998** 1. Entity Name BREVARD LEAK DETECTION, INC. Principal Place of Business Mailing Address 145 DUVAL ST. 145 DUVAL ST. MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Cho-P 4. FEI Number Applied For City & State City & State 59-3577526 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERS, ERIKA K Street Address (P.O. Box Number is Not Acceptable) 145 DUVAL ST. MELBOURNE BEACH, FL 32951 Zip Code City \$. 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 true if applicable. (NOTE, Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. noitibhA [7] Change TITLE ☐ Delete TITLE ROGERS, MICHAEL NAME MAME STREET ADDRESS 145 DUVAL STREET STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE U00000295491 ROGERS, ERIKA MALE NAME 04/09/05-80031-001 150.00 STREET ADDRESS STREET ADDRESS 145 DUVAL ST MELBOURNE BEACH, FL 32951 CITY-ST-ZIP CTTY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME KAEVATS, JURI NAME 609 CITRUS CT STREET ADDRESS STREET ADDRESS MELBOURNE BEACH, FL 32951 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE KAEVATS, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 609 CITRUS CT CITY-ST-ZIP MELBOURNE BEACH, FL 32851 CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition TILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of fusible 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 extraction of the corporation of the receiver of fusible empowered. SIGNATUR

FILED