

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000043998	
1. Entity Name BREVARD LEAK DETECTION, INC.	

Principal Place of Business 145 DUVAL ST. MELBOURNE BEACH, FL 32951	Mailing Address 145 DUVAL ST. MELBOURNE BEACH, FL 32951
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DO NOT WRITE IN THIS SPACE



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3577526	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, ERIKA K 145 DUVAL ST. MELBOURNE BEACH, FL 32951

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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: <i>Erika K Rogers</i> Signature, typed or printed name of registered agent and file if applicable	DATE: 4/11/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000506622 04/27/06-80030-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, MICHAEL 145 DUVAL STREET MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, ERIKA 145 DUVAL ST MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAEVATS, JURI 609 CITRUS CT MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAEVATS, SANDRA 609 CITRUS CT MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Erika K Rogers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/11/06	Daytime Phone # 321-729-8090
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