

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 201333

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** BREVARD INSURANCE AND MARKETING, INC.

**Current Principal Place of Business:**

3201 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320770  
COCOA BEACH, FL 32932

**New Mailing Address:**

**FEI Number:** 59-0832274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABBOORD, WILLIAM III  
3201 N ATLANTIC AVE  
COCOA BEACH, FL 32931 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: S  
Name: KABBOORD, HOLLY  
Address: 3201 N. ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL 32931

Title: D  
Name: KABBOORD, DAVID  
Address: 3201 N. ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL

Title: P  
Name: KABBOORD, WILLIAM III  
Address: 3201 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL

Title: TRES  
Name: ALEXANDER, HEATHER  
Address: 3201 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

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: HEATHER KABBOORD ALEXANDER

TRES

01/26/2011

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

\_\_\_\_\_  
Date