


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 222777**  
 1. Entity Name  
**BREVARD ENGINEERING CO.**



Principal Place of Business <b>8680 N. ATLANTIC AVENUE          CAPE CANAVERAL, FL 32920 US</b>	Mailing Address <b>P.O. BOX 1630          8680 N. ATLANTIC AVE          CAPE CANAVERAL, FL 32920 US</b>
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0939510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STOTTLER JR, RICHARD H  
 8680 N ATLANTIC AVENUE  
 CAPE CANAVERAL, FL 32920**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOTTLER JR, RICHARD H 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PEKAR, JOHN A. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEEVERS, JUDITH 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD CAMPANINI, BINO 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/15/08-80065-021 150.00

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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 IAs empowered.

**SIGNATURE:** Judith C. Deever **4/2/08** **321-783-1320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #