

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 222777**

1. Entity Name  
**BREVD ENGINEERING CO.**



Principal Place of Business  
**8680 N. ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920 US**

Mailing Address  
**P.O. BOX 1630  
8680 N. ATLANTIC AVE  
CAPE CANAVERAL, FL 32920 US**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0939510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

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, 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 PD  
NAME STOTTLER JR, RICHARD H  
STREET ADDRESS 8680 N ATLANTIC AVE  
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE SVPD  
NAME PEKAR, JOHN A.  
STREET ADDRESS 8680 N ATLANTIC AVE  
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE STD  
NAME DEEVERS, JUDITH  
STREET ADDRESS 8680 N ATLANTIC AVE  
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE SVPD  
NAME CAMPANINI, BINO  
STREET ADDRESS 8680 N ATLANTIC AVE  
CITY-ST-ZIP 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

**DO NOT WRITE  
IN THIS SPACE**

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 IKS empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

321-783-1320

Daytime Phone #