

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 452867 1. Entity Name COPY-ALL OF BREVARD, INC.	
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Principal Place of Business 1100 EAST STRAWBRIDGE AVE MELBOURNE, FL 32901	Mailing Address 1100 EAST STRAWBRIDGE AVE MELBOURNE, FL 32901
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1934749	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEMPER, HAROLD P.
1100 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

**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

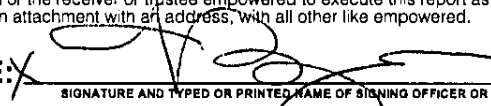
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEMPER, HAROLD P 1100 E STAWBRIDGE AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, ANDREW 2581 STRATFORD POINTE DR. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMATO, GAETANO 1743 SOREN TO CIRCLE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JILL 1830 LONG IRON DR. #705 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80084-023 150.00

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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 like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/25/07 **Date** **Daytime Phone #**