

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 031 ***150.00

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1. Entity Name

BREVARD ENTERPRISES, INC.



Principal Place of Business

**543 ROYAL PALM BLVD.
SATELLITE BEACH FL 32937**

Mailing Address

**543 ROYAL PALM BLVD.
SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-2007610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSEY, ALLEN
543 ROYAL PALM BLVD.
SATELLITE BEACH FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LINDSEY, ALLEN
STREET ADDRESS 543 ROYAL PALM BLVD
CITY-ST-ZIP SATELLITE BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME LINDSEY, MINNIE
STREET ADDRESS 543 ROYAL PALM BLVD
CITY-ST-ZIP SATELLITE BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOWREY, BUCKY
STREET ADDRESS 645 BRITONS CT
CITY-ST-ZIP OVIEDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LINDSEY, WILSON
STREET ADDRESS 543 ROYAL PALM BLVD.
CITY-ST-ZIP SATELLITE BCH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LINDSEY, ELIZABETH
STREET ADDRESS 645 BRITONS CT
CITY-ST-ZIP OVIEDO FL

TITLE ☒ Change ☐ Addition
NAME SD LINDSEY-MOWREY ELIZABETH
STREET ADDRESS 645 BRITONS CT,
CITY-ST-ZIP OVIEDO, FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Allen Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN LINDSEY, PRES.

2-25-04 (321) 254-7851
Date Daytime Phone #