


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 658776
 1. Entity Name
BREVARD ENTERPRISES, INC.



Principal Place of Business Mailing Address
543 ROYAL PALM BLVD. **543 ROYAL PALM BLVD.**
SATELLITE BEACH, FL 32937 **SATELLITE BEACH, FL 32937**

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2007610 Not Applicable

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

6. Name and Address of Current Registered Agent
LINDSEY, ALLEN
543 ROYAL PALM BLVD.
SATELLITE BEACH, FL 32937

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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 \$550.00
Due by September 14, 2007

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 LINDSEY, ALLEN 543 ROYAL PALM BLVD SATELLITE BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDSEY, MINNIE 543 ROYAL PALM BLVD SATELLITE BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWREY, BUCKY 645 BRITONS CT OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDSEY, WILSON 543 ROYAL PALM BLVD. SATELLITE BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDSEY-MOWERY, ELIZABETH 645 BRITONS CT OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000767291
 07/06/07-80005-023 550.00

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: Allen Lindsey 7-2-07 (321) 795-7392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #