


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 658776 1. Entity Name BREVARD ENTERPRISES, INC.	
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Principal Place of Business 543 ROYAL PALM BLVD. SATELLITE BEACH, FL 32937	Mailing Address 543 ROYAL PALM BLVD. SATELLITE BEACH, FL 32937
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2007610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinitiating)

**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 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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04/09/08-80104-004 150.00

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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 like empowered.

SIGNATURE: *Allen Lindsey ALLEN LINDSEY, PRES. 3-19-08 254-7851*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone