2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# 720643

Entity Name: SOUTH BREVARD FLOTILLA 42, INC.

Current Principal Place of Business:

327 ARCADIA CT
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

327 ARCADIA CT
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1966942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, SALVADOR F
327 ARCADIA CT
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKINLEY, JOHN E
Address: 157 TRAMORE PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete
Name: PETERSON, PETER C
Address: 401 THIRD AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STM ( ) Delete
Name: MARTINEZ, SALVADOR F
Address: 327 ARCADIA CT.
City-St-Zip: MELBOURNE, FL 32901

Title: VPD ( ) Delete
Name: MILLER, WILLIAM V
Address: 434 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: FREITAS, DANIEL REV
Address: 4905 BUTTONWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MCGUINNESS, JAMES H
Address: 2724 MARIAH DR
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MILLER, WILLIAM V
Address: 434 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVADOR F MARTINEZ STM 02/03/2004
Electronic Signature of Signing Officer or Director — Date