

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # G25339

1. Entity Name

BREVARD RESTAURANT EQUIPMENT & SUPPLY CO.



Principal Place of Business

**C/O SCHNEIDER, JOHN F
1617 NO US HWY 1
COCOA, FL 32922 US**

Mailing Address

**C/O SCHNEIDER, JOHN F
1617 NO US HWY, 1
COCOA, FL 32922 US**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2624975**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN F.
1617 NO. U.S. HWY. #1
COCOA, FL 32922**

**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 the 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**

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME SCHNEIDER, JOHN F.
STREET ADDRESS 6297 SLEEPYHOLLOW DR
CITY-ST-ZIP TITUSVILLE, FL**

**TITLE DV
NAME SCHNEIDER, JENNIFER L
STREET ADDRESS 245 SPRING DRIVE, #1
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE ST
NAME SCHNEIDER, AMANDA S
STREET ADDRESS 4813 LAKE SUPERIOR DR.
CITY-ST-ZIP COCOA, FL 32926**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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05/19/07-80065-007 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07 321-636-7750

Date

Daytime Phone #