2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # H86709 1. Entity Name LE CASA CONSTRUCTION OF BREVARD, INC. Principal Place of Business Mailing Address 1600 SADIGO STREET, S.E. 1600 SADIGO STREET, S.E. PALM BAY FL 32909-5625 PALM BAY FL 32909-5625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2609065 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYLE, BERNARD J. Street Address (P.O. Box Number is Not Acceptable) 1600 SADIGO STREET, S.E. PALM BAY FL 32907 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME BOYLE, BERNARD J. NAME STREET ADDRESS U00000526982 <u>05/04/06-80096-010_150.00</u> STREET ADDRESS 1600 SADIGO STREET, SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Defete ☐ Change ☐ Addition TITLE TITLE MAME NAME BOYLE, BERNARD J. STREET ADDRESS 1600 SADIGO STREET, SE STREET ADDRESS PALM BAY FL CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THE NAME NAME BOYLE, LEA STRUET ADDRESS STREET ADDRESS 1600 SADIGO STREET, SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP City-St-ZiP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR