2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 08:00 AN

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DOCL	JMENT # J09210			Se	ecretary of State	
1. Entity Na	ME				•	
300111	BREVARD AVIATION, INC.					
			100			
1		lailing Address				
		158 n. Harbor City Blvd. Melbourne, Fl 32935 u	c			
WILLDOOM	E, 1 L 32333 US.	MELBOURNE, FL 32935 U	3			
<u> </u>						
r	OO NOT WRITE II	or-	01102007	No Chg-P	CR2E034 (11/05)	
L	JO NOI WKIIE II	CE	4. FEI Numbe		Applied For	
				59-265	5314	Not Applicable
			_	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent	· · · <u></u>	<u> </u>	· * :	- · · · · · · · · · · · · · · · · · · ·
NASH, CHARLES IAN			approximately and the second s	DΩ	NOT W	DITE
930 SOUTH HARBOR CITY BOULEVARD				-		
SUITE 505 MELBOURNE, FL 32901				IN T	HIS SP	ACE
·				_		
8. The above	e named entity submits this statement for the p	numnee of changing its registers	d office or register	and against or host	in the State of Fig.	dida Lam familiar with and assess
the obliga	ations of registered agent.	surpose of one gang its registers	od onice of register	ec agent, or bot	i, in the otate of i to	nua. 1 am idirililai willi, aqiq duvepi
SIGNATURE						
:	Signature, typed or printed name of registered agent and sile	if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE
FII	LE NOW!!! FEE IS \$150.00	9. Election Campaign Finan	icing _ \$5.	.00 May 8e		
	lay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees		
10,	ÖFFICERS AND DIREC	STORS				
TITLE	ST -					[
NAME STREET ADDRESS	LOVE, RICHARD P. JR. 241 LANSING ISLAND DRIVE					
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 3293	7				
TITLE	PV					
NAME	OSMAN, VICTOR				U0000059	3569
STREET ADDRESS	1			()1/22/07-8C	0036-019 150.00
CITY-ST-ZIP	MELBOURNE, FL		l			
TITLE NAME	with the same of t					
STREET ADDRESS	***************************************					
CITY-ST-ZIP				DO	NOT W	KIIE
TITLE			i	INI T	HIS SP	ACE
NAME	T-L-MANAGEMENT AND			II FIII	IIIO OF	ACE
STREET ADDRESS						

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.

SIGNATIOE

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STURATURE AND PUTED ON PRINTED NAME OF SIGNING OFFICER OF BIRECTOR

LOUPTY-11-200-

321-751-932