


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90013 020 \*\*\*150.00

**DOCUMENT # J18871**  
 1. Entity Name  
**WAREHOUSING OF BREVARD, INC.**



Principal Place of Business  
~~4275 HILLVIEW CIR.~~  
~~MERRITT ISLAND, FL 32952~~

Mailing Address  
 C/O JOHN G ESTOCK  
 9800 FOURTH ST. NORTH, SUITE 300  
 SAINT PETERSBURG, FL 33702



2. Principal Place of Business  
**8401 N. Atlantic Avenue, Apt. #A2**  
**Cape Canaveral, FL 32920**

3. Mailing Address  
 Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-2697252**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIELVOGEL, LEONARD~~  
~~4275 HILLVIEW CIR.~~  
~~MERRITT ISLAND, FL 32952~~

**Mr. Leonard Spielvogel**  
**8401 N. Atlantic Avenue, Apt. #A2**  
**Cape Canaveral, FL 32920**

(Number is Not Acceptable)

**FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SPIEVOGEL, LEONARD <del>4275 HILLVIEW CIR.</del> <del>MERRITT ISLAND, FL 32952</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SPIELVOGEL, JEAN C 4275 HILLVIEW CIR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTLING, SANDRA J 101 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8401 N. Atlantic Avenue, Apt. #A2 Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

**SIGNATURE:**  **2/2/04 321-536-2987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #