


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90060 044 \*\*\*150.00

<b>DOCUMENT # J18871</b>	
1. Entity Name WAREHOUSING OF BREVARD, INC.	

Principal Place of Business <del>8401 N. ATLANTIC AVENUE 2264 DEERWOOD DR</del> APT# A-2 NEW SMYRNA BEACH, FL CAPE CANAVERAL, FL 32920 32168	Mailing Address C/O JOHN G ESTOCK 9800 FOURTH ST. NORTH, SUITE 300 SAINT PETERSBURG, FL 33702
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20012805



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2697252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD  
~~8401 N. ATLANTIC AVENUE 2264 DEERWOOD DR.~~  
APT# A-2  
~~CAPE CANAVERAL, FL 32920~~ NEW SMYRNA BEACH, FL  
32168

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SPIELVOGEL, LEONARD <del>8401 N. ATLANTIC AVENUE, APT# A-2 2264 DEERWOOD DR</del> <del>CAPE CANAVERAL, FL 32920</del> NEW SMYRNA BEACH, FL 32168
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2/15/05 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR