2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT #	‡J34789
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1. Entity Name

P&W OF BREVARD, INC.



Principal Place of Business

Mailing Address

801 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931

801 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-2787727	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLETT, CAROLINE 660 SOUTH BREVARD AVE # 1513 COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

	2.67,112 02001		IN THIS SPACE	
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept	_
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	red Agent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	-9. Election Campaign Finan Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		٦
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COLLETT, CAROLINE 660 S. BREVARD AVE #1513 COCOA BEACH, FL 32931		U00000591105 01/19/07-80009-011 150.00	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLETT, MARY JANE 2365 JASON ST MERRITT ISLAND, FL 32952		- 01/13/01 00003 011 130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLETT, ELIZABETH 660 S. BREVARD AVE # 1513 COCOA BEACH, FL 32931		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
				

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINE COLLET 1-16-07

Daytima Phone #