

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77800

FILED
Apr 19, 2005
Secretary of State

Entity Name: SOUTH BREVARD MAINTENANCE COMPANY

Current Principal Place of Business:

490 N. HARBOR CITY BLVD
P.O. BOX 1796
MELBOURNE, FL 32902

New Principal Place of Business:

490 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

490 N. HARBOR CITY BLVD
P.O. BOX 1796
MELBOURNE, FL 32902

New Mailing Address:

490 N. HARBOR CITY BLVD
MELBOURNE, FL 32935

FEI Number: 59-2839280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERILL, H J III
490 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UNDERILL, H.J. III,
Address: 490 N. HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UNDERILL, H.J. III,
Address: 490 N. HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H J UNDERILL III

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date