2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Jan 31, 2005 08:00 AM DOCUMENT # J90908 **Secretary of State** 1. Entity Name MOBILE WORLD OF BREVARD, INC. Principal Place of Business Mailing Address % JOHN H. HOSKIN 3737 N US1 % JOHN H. HOSKIN 3737 N US1 COCOA FL 32926 **COCOA FL 32926** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2851147 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOSKIN, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 3737 NORTH U.S. HIGHWAY ONE COCOA FL 32926 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD THILE (1000002043G0 □ Change Delete ☐ Addition HOSKIN, JOHN H. NAME NAME 01/31/05-80002-010 150.00 STREET ADDRESS 3737 N US1 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **COCOA FL 32926** THEF VP Delete TITLE ☐ Change Addition NAME FORSYTH, JACKIE NAME STREET ADDRESS 3737 N US1 STREET ADDRESS CITY - ST - ZIP COCOA FL 32926 CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-Z1P Delete TITLE THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEC

1/28/05 John Hoskin President (321) 636-5565 SIGNATURE: 1 SIGNATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered

changed, or on an attachment with an ag

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