

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00904**

1. Entity Name  
**BREVARD PROPERTY MAINTENANCE, INC.**



Principal Place of Business Mailing Address  
**1300 CLEARMONT ST STE #204, 1300 CLEARMONT ST STE #204**  
**PALM BAY, FL 32907 US PALM BAY, FL 32907 US**

**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2958185**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STRALEY, ALAN**  
**200 KENT ST NE**  
**PALM BAY, FL 32907**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STRALEY, ALAN
STREET ADDRESS	2000 KENT ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	S
NAME	STRALEY, JEANNE
STREET ADDRESS	2000 KENT ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80038-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-08 321-812-0165**  
Date Daytime Phone #