

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38554

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: C & S ENTERPRISES OF BREVARD, INC.

**Current Principal Place of Business:**

670 GLEN CHEEK  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1104  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 59-2992499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, CARLA A  
670 GLEN CHEEK DRIVE  
CAPE CANAVERAL, FL 32920 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: PDST ( ) Delete  
Name: MURPHY, CARLA  
Address: 8772 LIVEOAK CT.  
City-St-Zip: CAPE CANAVERAL, FL 32420

Title: DST ( ) Delete  
Name: MURPHY, CARLA  
Address: 8772 LIVEOAK CT.  
City-St-Zip: CAPE CANAVERAL, FL

Title: V ( ) Delete  
Name: CLARK, CHERYL  
Address: 1626 GABLE  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLA MUEPHY

PDST

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date