


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90026 046 \*\*\*150.00

<b>DOCUMENT # L41260</b> 1. Entity Name <b>ENDLESS SUMMER OF BREVARD, INC.</b>					
Principal Place of Business <b>133 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937</b>			Mailing Address <b>133 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3110154</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BANEY, RICHARD SR 133 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Reg. stated Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BANEY, RICHARD SR 133 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOHNE, HUGH 1649 PINEAPPLE DRIVE MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BOHNE, JOHN 131 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BOHNE, KEVIN 7595 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Richard N. Baney</i> <b>RICHARD N. BANEY</b> 1/30/08 321-773-4345</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT  
40016029FLORIDA DEPARTMENT OF STATE  
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## Annual Report Online Filing

Document Number L41260

Business Entity Name ENDLESS SUMMER OF BREVARD, INC.

FEI Number 59 - 3110154

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 133 LANSING ISLAND DRIVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State INDIAN HARBOR BEACH, FL

Zip Code &amp; Country 32937

## Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 133 LANSING ISLAND DRIVE

Suite, Apt. #, etc.

City, State INDIAN HARBOR BEACH, FL

Zip Code &amp; Country 32937

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) BANEY, RICHARD, SR

- OR -

Business to serve as RA

Street Address In Florida 133 LANSING ISLAND DRIVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State INDIAN HARBOUR BEACH, FL

Zip Code &amp; Country 32937 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

40016029

#141260

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

PD

Name (Last, First, Middle, Title)

BANEY

RICHARD

SR

- OR -

Entity Name to serve as Officer/Director

**Street Address**

133 LANSING ISLAND DRIVE

City, State

INDIAN HARBOUR BEACH

FL

Zip Code &amp; Country

32937

**Name And Address #2**

Title

D

Name (Last, First, Middle, Title)

BOHNE

HUGH

- OR -

Entity Name to serve as Officer/Director

**Street Address**

1649 PINEAPPLE DRIVE

City, State

MELBOURNE

FL

Zip Code &amp; Country

32935

**Name And Address #3**

Title

ST

Name (Last, First, Middle, Title)

BOHNE

JOHN

- OR -

Entity Name to serve as Officer/Director

**Street Address**

131 LANSING ISLAND DRIVE

City, State

INDIAN HARBOUR BEACH

FL

Zip Code &amp; Country

32937

**Name And Address #4**

Title

V

Name (Last, First, Middle, Title)

BOHNE

KEVIN

- OR -

Entity Name to serve as Officer/Director

**Street Address**

7595 STEEPLECHASE DRIVE

City, State

PALM BEACH GARDENS

FL

Zip Code &amp; Country

33418

ATTACHMENT

40016029

# L41260

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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