

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90037 046 ***150.00

DOCUMENT # L44460

1. Entity Name

MALABU ENTERPRISES OF BREVARD, INC.



Principal Place of Business

**4360 SHERIDAN AVE
COCOA FL 32926
US**

Mailing Address

**PO BOX 927
SHARPS FL 32959
US**

2. Principal Place of Business

661 GLADIOLA ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 540759

Suite, Apt. #, etc.

MERRITT ISLAND,



1st MOORE

CR2E034 (10/04)

City & State

MERRITT ISLAND, FL

City & State

FL

4. FEI Number

59-2983923

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32954-6759

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSH, J S
4360 SHERIDAN AVE
Y
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **John Bush**

Street Address (P.O. Box Number is Not Acceptable)

661 GLADIOLA STREET

~~2145 Sykes Creek Dr~~

City

MERRITT ISLAND

FL

Zip Code

32953

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 **John Bush**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BUSH, JOHN S.**
STREET ADDRESS **4360 SHERIDAN AVE**
CITY-ST-ZIP **COCOA FL**

TITLE **V** ☐ Delete
NAME **WYLES, GERALD RAY**
STREET ADDRESS **3800 SAUANAHS TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Bush, John S.**
STREET ADDRESS **2145 Sykes Creek Dr**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Bush**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bush - PRESIDENT

**4/18/05 (321) 449-1066
(321) 459-2533**

Date

Daytime Phone #