

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90061 022 ****61.25

DOCUMENT # N01000000227

1. Entity Name
MOPARS OF BREVARD, INC.



Principal Place of Business
**P.O. BOX 410003
MELBOURNE, FL 32941**

Mailing Address
**P.O. BOX 410003
MELBOURNE, FL 32941**

60011855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-1113041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, JON S
1059 HIBISCUS ST
PORT ST JOHN, FL 32927**

Name

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

City

FL

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WARNER, JON S
STREET ADDRESS 1059 HIBISCUS ST
CITY-ST-ZIP PORT ST JOHN, FL 32927

TITLE VD ☒ Delete
NAME MATTHEWS, DAVE
STREET ADDRESS 251 AVENIDA DEL SOL
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE TD ☒ Delete
NAME FITZGERALD, RICK
STREET ADDRESS 581 LAKE ASHLEY CIRCLE
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE SD ☒ Delete
NAME SEXTON, MARK
STREET ADDRESS 2250 CROTON RD
CITY-ST-ZIP MELBOURNE, FL 23935

TITLE D ☒ Delete
NAME MOYER, RACHEL
STREET ADDRESS 473 NINA RD, NE
CITY-ST-ZIP PALM BAY, FL 32907

TITLE D ☐ Delete
NAME SHAFFER, GERRY
STREET ADDRESS 4115 AURORA RD. #36
CITY-ST-ZIP MELBOURNE, FL 32934

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME CALDWELL, ROBIN A.
STREET ADDRESS 959 WILDWOOD DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VD ☒ Change ☐ Addition
NAME WARNER, JON S.
STREET ADDRESS 1059 HIBISCUS ST.
CITY-ST-ZIP PORT ST JOHN, FL 32927

TITLE TD ☒ Change ☐ Addition
NAME ANDERSON, ROBERT
STREET ADDRESS 1002 GLENHAM DR., N.E.
CITY-ST-ZIP PALM BAY, FL 32905

TITLE SD ☒ Change ☐ Addition
NAME FITZGERALD, RICK
STREET ADDRESS 581 LAKE ASHLEY CIRCLE
CITY-ST-ZIP W. MELBOURNE, FL 32904

TITLE D ☒ Change ☐ Addition
NAME CALDWELL, ANDREW R.
STREET ADDRESS 863 THRASHER DR.
CITY-ST-ZIP VICRA, FL 32955

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 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 617, 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:

Robin A. Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06
Date

(321) 253-9727
Daytime Phone #