

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000227

FILED
Feb 10, 2011
Secretary of State

Entity Name: MOPARS OF BREVARD, INC.

Current Principal Place of Business:

1059 HIBISCUS ST.
PORT ST. JOHN, FL 32927

New Principal Place of Business:

1002 GLENHAM DR., NE
PALM BAY, FL 32905

Current Mailing Address:

P.O.BOX 410003
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 65-1113041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, BOB
Address: 1002 GLENHAM DR. NE
City-St-Zip: PALM BAY, FL 32905

Title: VD
Name: YLIJOKI, CHUCK
Address: 4513 LONG LAKE RD
City-St-Zip: MELBOURNE, FL 32934

Title: TD
Name: BUKOWSKI, SHARON
Address: 1603 ZAFFER ST, NW
City-St-Zip: PALM BAY, FL 32907

Title: SD
Name: WARNER, JON
Address: 1059 HIBISCUS ST
City-St-Zip: PORT ST JOHN, FL 32927

Title: D
Name: UNDERWOOD, BOB
Address: 3600 DEERWOOD TRAIL
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: CALDWELL, ROBIN
Address: 959 WILDWOOD DR
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON S. WARNER

SD

02/10/2011

Electronic Signature of Signing Officer or Director

Date