

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001627

Entity Name: B.R.A.V.O. SUPPORT SERVICES, INC.

FILED
May 05, 2004
Secretary of State

Current Principal Place of Business:

13209 HIGHLAND CHASE PLACE
FORT MYERS, FL 33913

New Principal Place of Business:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33912

Current Mailing Address:

13209 HIGHLAND CHASE PLACE
FORT MYERS, FL 33913

New Mailing Address:

11553 PLANTATION PRESERVE
FORT MYERS, FL 33912

FEI Number: 65-1081549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, TARA
2614 BAYBREEZE ST.
ST. JAMES CITY, FL 33956 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 () Delete
Name: MITCHELL, ASHLEY
Address: 13209 HIGHLAND CHASE PLACE
City-St-Zip: FT. MYERS, FL 33913

Title: SD () Delete
Name: PURPLE, SHARON
Address: 13200 HIGHLAND CHASE PLACE
City-St-Zip: FT. MYERS, FL 33913

Title: TD () Delete
Name: WIGHTMAN, ERIC
Address: 2614 BAYBREEZE ST.
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VD () Delete
Name: BLUSTIEN, JEFF
Address: 195 BURNT PINE DR.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MITCHELL, ASHLEY
Address: 11553 PLANTATION PRESERVE
City-St-Zip: FT. MYERS, FL 33912

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

SIGNATURE: ASHLEY MITCHELL

PD

05/05/2004

Electronic Signature of Signing Officer or Director

Date