

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001627

FILED  
Jan 30, 2006  
Secretary of State

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

**Current Principal Place of Business:**

11553 PLANTATION PRESERVE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

11553 PLANTATION PRESERVE  
FORT MYERS, FL 33912

**New Mailing Address:**

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: 11553 PLANTATION PRESERVE  
City-St-Zip: FT. MYERS, FL 33912

Title: SD ( ) Delete  
Name: MORGAN, MARISA  
Address: 13720 HICKORY RUN LANE  
City-St-Zip: FT. MYERS, FL 33912

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

Title: VD ( ) Delete  
Name: HONNILA, ANNETTE  
Address: 7599 CAMERON CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MORGAN, MARISA  
Address: 13720 HICKORY RUN LANE  
City-St-Zip: FT. MYERS, FL 33912

Title: SD (X) Change ( ) Addition  
Name: WOODWARD, TARA  
Address: 2614 BAYBREEZE ST.  
City-St-Zip: SAINT JAMES CITY, FL 33956

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 Chapter 119, 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

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date