


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90287 047 \*\*\*\*61.25

<b>DOCUMENT # N02000008153</b> 1. Entity Name LOVE INC OF BREVARD, INC.					
Principal Place of Business 1202 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937 US				Mailing Address P.O. BOX 360182 MELBOURNE, FL 32936	
2. Principal Place of Business <i>1619 Fern Dale Ave</i>		3. Mailing Address <i>PO Box 561152</i>		Suite, Apt. #, etc.	
City & State <i>Melbourne, FL</i>		City & State <i>Rockledge FL</i>		4. FEI Number 36-4512166	
Zip <i>32935</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LLEWELLYN, R. 445 WRIGHT COURT MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name <i>Palmer Stiles</i> Street Address (P.O. Box Number is Not Acceptable) <i>3300 Aurora Rd</i> City <i>Melbourne</i> <b>FL</b> Zip Code <i>32934</i>	
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 <i>[Signature]</i> <i>Palmer Stiles</i> <i>5/2/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILES, PALMER 3300 AURORA RD MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stiles, Palmer 3300 Aurora Rd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, DANIEL 220 N TROPICAL TRAIL MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Walker, Daniel 443 Cobblewood Dr Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LLEWELLYN, ROBERT 445 WRIGHT CT MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Koerner, David 2939 Shepard Dr Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHROPE, MARK 8592 SYLVAN DR MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Eppig, Sylvia 1478 Wellington Cir Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose Stiles 3300 Aurora Rd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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.					
<b>SIGNATURE:</b> <i>Sylvia W. Eppig</i> <i>Sylvia W. Eppig Treasurer</i> <i>4/26/06</i> <i>321-749-4553</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					