

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000106

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: COUNTERATTACK-BREVARD, INC.

## Current Principal Place of Business:

427 NORTH PRIMROSE DRIVE  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

427 NORTH PRIMROSE DRIVE  
ORLANDO, FL 32803 US

## New Mailing Address:

FEI Number: 59-3368659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUILMET, THOMAS P  
427 N PRIMROSE DR  
ORLANDO, FL 32803 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: THOMAS, WILLIAM R PRES.  
Address: 6629 CRENSHAW DRIVE  
City-St-Zip: ORLANDO, FL 32835 US

Title: VD ( ) Delete  
Name: WILLIAMS, MELVIN V PRES.  
Address: 1100 JOHN GLENN BLVD  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TSD ( ) Delete  
Name: SHAW, DAVE TREAS.  
Address: 1255 GLEN ROYAL TERRACE  
City-St-Zip: DELAND, FL 32720 US

Title: D ( ) Delete  
Name: GUILMET, THOMAS P DIR.  
Address: 427 NORTH PRIMROSE DRIVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: D (X) Delete  
Name: CHANNELL, WARREN T DIR  
Address: 60 GRAND CYPRESS BLVD  
City-St-Zip: ORLANDO, FL 32836 US

Title: D (X) Delete  
Name: ABER, WREN DIR  
Address: 2016 WOODY DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, MELVIN PRES.  
Address: 1100 JOHN GLENN BLVD  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VD (X) Change ( ) Addition  
Name: ABER, WREN V PRES.  
Address: 2016 WOODY DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

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

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: /THOMAS P. GUILMET/

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date