## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9500000106

Entity Name: COUNTERATTACK-BREVARD, INC.

FILED Apr 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 427 NORTH PRIMROSE DRIVE ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 427 NORTH PRIMROSE DRIVE ORLANDO, FL 32803 FEI Number: 59-3368659 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUILMET, THOMAS P EXECDIR 427 N PRÍMROSE DR ORLANDO, FL 32803 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition REID, ROY W PRES. MEADE, JIM PRES. Name: Name: P.O. BOX 3186 Address: 324 WEST GORE ST. Address: City-St-Zip: ORLANDO, FL 32802 US City-St-Zip: ORLANDO, FL 32806 US Title: VD () Delete Title: (X) Change ( ) Addition

 Name:
 MEADE, JIM V PRES.
 Name:
 GROVER, KEN V PRES.

 Address:
 324 WEST GORE ST.
 Address:
 6990 LAKE ELLENOR DR.

 City-St-Zip:
 ORLANDO, FL 32806 US
 City-St-Zip:
 ORLANDO, FL 32809 US

Title: TSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILES, STEVE TREAS.
 Name:

 Address:
 7306 WOODKNOT CT.
 Address:

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GUILMET, THOMAS P EXECDIR
 Name:

 Address:
 427 NORTH PRIMROSE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32803 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: /THOMAS P. GUILMET/ D 04/14/2008