

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91250 032 \*\*\*150.00

DOCUMENT # P00000048800

1. Entity Name

B & P OF BREVARD, INC.



Principal Place of Business

1975 COOLIDGE AVE.  
MELBOURNE FL 32935

Mailing Address

1975 COOLIDGE AVE.  
MELBOURNE FL 32935

94083474



MOORE CR2E034 (11/03)

2. Principal Place of Business

201 Plantation Club Dr

Suite, Apt. #, etc.

1507

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Melbourne, FL

City & State

SAME

4. FEI Number

59-3646846

Applied For

Not Applicable

Zip

32940

Country

Brevard

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYD, VALERIE  
1975 COOLIDGE AVE.  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Tracy Parrish

Street Address (P.O. Box Number is Not Acceptable)

201 Plantation Club Dr #1507

City

Melbourne

FL

Zip Code

32940

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

*Tracy A Parrish*

Tracy A Parrish

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete  
NAME BOYD, VALERIE  
STREET ADDRESS 1975 COOLIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ~~PTD~~ ☐ Delete  
NAME PARRISH, TRACY  
STREET ADDRESS 1975 COOLIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE VP/SD ☐ Delete  
NAME Cross, Everett  
STREET ADDRESS  
CITY-ST-ZIP Merritt Island, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 201 Plantation Club Dr. #1507  
CITY-ST-ZIP Melbourne, FL 32940

TITLE VP/SD ☐ Change ☒ Addition  
NAME Cross, Everett  
STREET ADDRESS 1800 Bayberry Ct  
CITY-ST-ZIP Merritt Island, FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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.

SIGNATURE:

*Tracy A Parrish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy A Parrish

4/29/04

321-403-3962

Date Daytime Phone #