

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90399 032 ***150.00

DOCUMENT # P01000048974

1. Entity Name

MSA OF BREVARD, INC.



Principal Place of Business

3276 SEA OATS CIRCLE
MELBOURNE BEACH FL 32951

Mailing Address

3830 S A1A
STE C-3, #134
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

3830 S. Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 4, # 134

City & State

City & State
MELBOURNE BEACH, FL

Zip

Country

Zip

Country

32951

USA

4. FEI Number

59-3726983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACY, PATRICIA
3276 SEA OATS CIRCLE
MELBOURNE BEACH FL 32951

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACY, PATRICIA A
3276 SEA OATS CIRCLE
MELBOURNE BEACH FL 32951 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACY, ARTHUR A II
3276 SEA OATS CIRCLE
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

PATRICIA A. MACY

SIGNATURE:

Patricia Ann Macy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

321-953-2241

Daytime Phone #