

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000080909

1. Entity Name
BREVARD COUNTY ACQUISITIONS, INCORPORATED



Principal Place of Business
517 SW 1 AVE
FT LAUDERDALE, FL 33301

Mailing Address
517 SW 1 AVE
FT LAUDERDALE, FL 33301



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1138529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEE, GLEN R
517 SW 1 AVE
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPERLING, BENJI
STREET ADDRESS 517 SW 1 AVE
CITY- ST- ZIP FT LAUDERDALE, FL 33301

TITLE PD
NAME URALLI, EMME
STREET ADDRESS 2409 N DIXIE HWY
CITY- ST- ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000113123
04/14/04-80051-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Benji Sperling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

Date

954-394-9650

Daytime Phone #