2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

	ANNUAL	EFURI		_ elleri elle		2, 2003 00.00
1. Entity Nam	MENT # P0100008733 of BREVARD, INC.	38			Se	cretary of State
307 4TH AV	E. — ··	Viziling Address 307 4TH AVE. INDIALANTIC, FL 32903			TANIN KAN TAKA ANDA AND	II a raa (844 (644 1666 466 466 466 466 466 466 466 466
D	OO NOT WRITE I		CE	02152005 4. FEI Number 59-3748	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
307 4TH A	6. Name and Address of Current Region, RONALD VE. TIC, FL 32903	DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for the ions of registered agent. Sgnature, typed or printed name of registered agent and till E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		Id Agent signature required	,	n, in the State of Flo	rida. I am familiar with, and accept - DATE
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME TITLE NAME NAME	OFFICERS AND DIRE D SHOCKENCY, PATRICIA 307 4TH AVE. INDIALANTIC, FL 32903 D KOESTER, RONALD 307 4TH AVE. INDIALANTIC, FL 32903	CTORS			/100000 02/19/05-	235790 80020-014 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W 'HIS SF	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of	ertify that the information supplied with this on this report or supplemental report is true	filling does not qualify for the exer and accurate and that my signat	mption stated in Secure shall have the s	ction 119.07(3)(i)	, Florida Statutes, I	further certify that the information
12. I hereby certify that the information supplied with this filling 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 of 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 SIGNATURE SIGNATURE SIGNATURE Date Date						