


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 034 ***150.00

DOCUMENT # P02000007063	
1. Entity Name NATIONAL HOMECRAFT OF BREVARD, INC.	

Principal Place of Business 5400 DIVISION DR., SUITE 3 FT. MYERS, FL 33905	Mailing Address 5400 DIVISION DR., SUITE 3 FT. MYERS, FL 33905
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2. Principal Place of Business 5868 Enterprise Pkwy.	3. Mailing Address 5868 Enterprise Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers, FL.	City & State Fort Myers, FL.
Zip 33905	Country USA



03212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1150907		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VIEHMANN, PAUL A 5400 DIVISION DR., SUITE 3 FT. MYERS, FL 33905		7. Name and Address of New Registered Agent Name Paul A. Viehmann Street Address (P.O. Box Number is Not Acceptable) 5868 Enterprise Pkwy. City Fort Myers FL Zip Code 33905

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIEHMANN, PAUL A 5400 DIVISION DR., SUITE #3 FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paul A. Viehmann 5868 Enterprise Pkwy. Fort Myers, FL. 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Paul A. Viehmann* **Paul A. VIEHMANN** 3/30/05 239-694-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #