

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000090843

**1. Entity Name
RIDGEBACK PROPERTIES OF BREVARD, INC.**



**Principal Place of Business
245 GRANT AVE
SATELLITE BEACH, FL 32937 US**

**Mailing Address
245 GRANT AVE
SATELLITE BEACH, FL 32937**



02222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
61-1425771**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**DEVERAKIS, DIOGENIS
245 GRANT AVE
SATELLITE BEACH, FL 32937**

**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 reinstating)

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**

000000065778
02/25/04-80049-024 150.00

10. OFFICERS AND DIRECTORS

**TITLE D
NAME DEVERAKIS, DIOGENIS
STREET ADDRESS 245 GRANT AVE.
CITY-ST-ZIP SATELLITE BCH, FL 32937**

**TITLE D
NAME DEVERAKIS, MONA C
STREET ADDRESS 245 GRANT AVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937**

**TITLE PRES
NAME DEVERAKIS, DIOGENIS
STREET ADDRESS 245 GRANT AVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937**

**TITLE SEC
NAME DEVERAKIS, MONA C
STREET ADDRESS 245 GRANT AVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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)(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: *Mona C Deverakis, Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/04 *321 632 2310*

Mona C Deverakis, Sec