2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90098 020 ***150.00

DOCUMENT # P02000105386

1. Entity Name
CAMCO OF BREVARD, INC.

Principal Place of Business	Mailing Address
5240 BABCOCK ST. SUITE 310 PALM BAY, FL 32905	5240 BABCOCK ST. SUITE 310 PALM BAY, FL 32905

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
582 HWY A1A	582 HWY A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach, FL	City & State: Satellite Beach, FL
Zip: 32937 Country: USA	Zip: 32937 Country: USA

4. FEI Number: 22-3874482 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROKOP, CHRISTOPHER A
5240 BABCOCK ST.
SUITE 310
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name: Christopher A. Prokop
Street Address (P.O. Box Number is Not Acceptable): 582 HWY A1A
City: Satellite Beach FL Zip Code: 32937

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] Chris Prokop 4-9-04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MULLANEY, VICTORIA L 1401 SHEAFE AVE. N.E., SUITE 106 PALM BAY, FL 32905	☐ Delete	PSD Prokop, Victoria 582 HWY A1A Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD PROKOP, CHRISTOPHER A 1401 SHEAFE AVE., N.E., SUITE 106 PALM BAY, FL 32905	☐ Delete	VPTD Prokop, Christopher 582 HWY A1A Satellite Beach, FL. 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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.

SIGNATURE: [signature] Christopher Prokop 4-9-04 321/7734033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #