


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90098 008 ***150.00

DOCUMENT # P03000045403 1. Entity Name BREVARD COMMERCIAL FLOORING, INC.					
Principal Place of Business 4818 ALAMANDA DR. MELBOURNE, FL 32940			Mailing Address 4818 ALAMANDA DR. MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # 2325 SHADY OAKS DRIVE Suite, Apt. #, etc.		3. Mailing Address 2325 SHADY OAKS DRIVE Suite, Apt. #, etc.			
City & State MELBOURNE, FL 32935		City & State MELBOURNE, FL 32935		4. FEI Number 16-1672007	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DABBS, JAMIE 4818 ALAMANDA DR. MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2325 SHADY OAKS DRIVE City MELBOURNE <div style="float: right;"> FL Zip Code 32935 </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DABBS, JAMIE 4818 ALAMANDA DR. MELBOURNE, FL 32940 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2325 SHADY OAKS DRIVE MELBOURNE, FL 32935 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, GLENN 1381 WELSER AVENUE PALM BAY, FL 32907 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	924 SHAW CIRCLE MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jamie V. Dabbs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-29-07</i> Daytime Phone # <i>321-528-3772</i>		