

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000078425
 1. Entity Name
 W&I OF BREVARD, INC.



Principal Place of Business
 7331 OFFICE PARK PLACE
 STE 200
 MELBOURNE, FL 32940

Mailing Address
 7331 OFFICE PARK PLACE
 STE 200
 MELBOURNE, FL 32940



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 91-2197679

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RENFRO, ROBERT M
 7331 OFFICE PARK PLACE
 STE 200
 MELBOURNE, FL 32940

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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RENFRO, ROBERT M
STREET ADDRESS	7331 OFFICE PARK PLACE STE 200
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	EULER, ERNEST C
STREET ADDRESS	304 S. HARBOR CITY BLVD. #201
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	ST
NAME	EULER, ERNEST C
STREET ADDRESS	7331 OFFICE PARK PLACE STE 200
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 03/27/07-80049-008 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____