


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000078425 1. Entity Name W&I OF BREVARD, INC.	
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Principal Place of Business 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940	Mailing Address 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-2197679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENFRO, ROBERT M 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EULER, ERNEST C 304 S. HARBOR CITY BLVD. #201 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EULER, ERNEST C 7331 OFFICE PARK PLACE STE 200 MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/08-80022-006 150.00

DO NOT WRITE IN THIS SPACE

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 # _____