


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90307 016 ***150.00

DOCUMENT # P03000084109 1. Entity Name HIGH TIDE INVESTMENTS OF BREVARD, INC.					
Principal Place of Business 4555 SOUTH STREET TITUSVILLE, FL 32780			Mailing Address 4555 SOUTH STREET TITUSVILLE, FL 32780		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222004 Chg-P CR2E034 (10/03) 4. FEI Number 20-0064110	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STYERS, LOURON J 4555 SOUTH STREET TITUSVILLE, FL 32780			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		Louron J. Styers <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-26-04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D <input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STYERS, LOURON J	NAME	Styers, Louron J.		
STREET ADDRESS	4555 SOUTH STREET	STREET ADDRESS	4555 South Street, Titusville, Fl. 32780		
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRELL, THOMAS J	NAME	Farrell, Thomas J.		
STREET ADDRESS	95 LAKEVIEW AVENUE	STREET ADDRESS	95 Lakeview Ave. Titusville, Fl. 32780		
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		Louron J. Styers, President		4-26-04 (321) 403-8859 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					