

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90230 035 \*\*\*150.00

**DOCUMENT # P03000097895**

1. Entity Name  
**SOUTHLAND OF BREVARD, INC.**



Principal Place of Business  
**2840 SUNSET DR  
W MELBOURNE, FL 32904**

Mailing Address  
**2840 SUNSET DR  
W MELBOURNE, FL 32904**

**14010766**



2. Principal Place of Business  
**2840 Sunset Road**

3. Mailing Address  
**P.O. Box 841**

01302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

4. FEI Number  
**20-0553221**

Applied For  
☐ Not Applicable

Zip  
**32904**

Country  
**USA**

Zip  
**32902**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BURNS, TODD  
2840 SUNSET DR  
W MELBOURNE, FL 32904**

**7. Name and Address of New Registered Agent**

Name  
**Todd Burns**  
Street Address (P.O. Box Number is Not Acceptable)  
**2840 Sunset Road**  
City  
**Melbourne** **FL** Zip Code  
**32904**

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, 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**

TITLE <b>D</b>	NAME <b>BURNS, TODD</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2840 SUNSET DR</b>		
CITY-ST-ZIP <b>W MELBOURNE, FL 32904</b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete
STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete
STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete
STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete
STREET ADDRESS <b></b>		
CITY-ST-ZIP <b></b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Todd Burns</b>	
STREET ADDRESS <b>2840 Sunset Road</b>	
CITY-ST-ZIP <b>Melbourne, FL 32904</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/04**

Date

**321-288-6752**

Daytime Phone #