

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90324 035 ***150.00

DOCUMENT # P04000044466																																																																																																																																			
1. Entity Name BREVARD FIRST ASSISTANTS, INC.																																																																																																																																			
Principal Place of Business 5190 CINNAMON FERN BLVD. PORT SAINT JOHN, FL 32927			Mailing Address 5190 CINNAMON FERN BLVD. PORT SAINT JOHN, FL 32927																																																																																																																																
2. Principal Place of Business - No P.O. Box # 4405 N INDIAN RIVER DR		3. Mailing Address 4405 N INDIAN RIVER DR																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State COCOA, FL		City & State COCOA, FL		4. FEI Number 20-0778870																																																																																																																															
Zip 32927		Country		Applied For Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent STROBEL, KELLI M 5190 CINNAMON FERN BLVD. PORT SAINT JOHN, FL 32927			7. Name and Address of New Registered Agent Name: STROBEL, KELLI M Street Address (P.O. Box Number is Not Acceptable): 4405 N INDIAN RIVER DR City: COCOA FL Zip Code: 32927																																																																																																																																
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: <u>Kelli M. Strobel</u> DATE: <u>4/13/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PVST</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PVST</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STROBEL, KELLI M</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STROBEL, KELLI M</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">5190 CINNAMON FERN BLVD.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4405 N INDIAN RIVER DR</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PORT SAINT JOHN, FL 32927</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">COCOA, FL 32927</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. 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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: <u>Kelli M. Strobel - Director</u> DATE: <u>4/13/07</u> DAYTIME PHONE: <u>321-637-0553</u> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>KELLI M STROBEL - DIRECTOR</u>																																																																																																																																			

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