## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P0400061062  1. Entity Name S & S OF BREVARD FOUR, INC.				. I	_	<b>y OI Sta</b> 67 001 ***150.0	
Principal Place of Business 675 S BABCOCK ST MELBOURNE, FL 32901-1459		Mailing Address 675 S BABCOCK ST MELBOURNE, FL 32					
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number			plied For
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Addr	ess of New Regi	<del> </del>	
	, LAWRENCE F		Name				
675 S BABCOCK ST MELBOURNE, FL 32901-1459			Street Addres	s (P.O. Box Number is N	ot Acceptable)		
			City			FL Zip Code	<del></del>
	named entity submits this stateme	ent for the purpose of changing	its registered office or regis	stered agent, or both, in t	ne State of Florida		and accept
the obligat	ions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered	agent and tate it applicable. (N	OTE: Registered Agent signature requ	rirect when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$5			5.00 May Be dded to Fees			
10. TITLE	OFFICERS A	AND DIRECTORS	11. TITLE	ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECTORS  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	KRANERT, LAWRENCE F 675 S BABCOCK ST		NAME STREET ADDRESS CITY-ST-ZIP			crange	Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP			NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP	certify that the information supplies	with this filing does not qualify	STREET ADDRESS CITY-ST-ZIP for the exemption stated in	Section 119 07/3Vi\ □o	ida Statutos 164	rther certify that the in	oformation.
of the col changed	certify that the information supplied on this report in supplemental rep- poration or thy receiver or trustee , or on an attachment with an addr	empowered to execute this repo	ort as required by Chapter 6	607, Florida Statutes; and	made under oath	ppears in Block 10 oi	Block 11 if
SIGNAT	URE: SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICE	<u> </u>	W1 41	40   DS	34-95	<u> 2.114</u> 2