


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90474 046 \*\*\*150.00

<b>DOCUMENT # P04000137463</b> 1. Entity Name <b>LIGHTNING RODS OF BREVARD, INC.</b>					
Principal Place of Business <b>193 EMERSON DR NW PALM BAY, FL 32907</b>			Mailing Address <b>193 EMERSON DR NW PALM BAY, FL 32907</b>		
2. Principal Place of Business <b>1721 Flamevine Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>1721 Flamevine Place</b> Suite, Apt. #, etc.			
City & State <b>Valkaria FL</b> Zip <b>32950</b>		City & State <b>Valkaria FL</b> Zip <b>32950</b>		4. FEI Number <b>20-1709153</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>ALRON ENTERPRISES, INC. 3990 MINTON ROAD W. MELBOURNE, FL 32904</b>				7. Name and Address of New Registered Agent Name <b>Boyd Rowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>1721 Flamevine Place</b> City <b>Valkaria</b> <b>FL</b> Zip Code <b>32950</b>	
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 <b>Boyd Rowe</b> <b>Boyd Rowe Reg Agent</b> <b>2/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, BOYD</b> <b>193 EMERSON DR NW</b> <b>PALM BAY, FL 32907</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS</b> <b>Rowe, Boyd</b> <b>1721 Flamevine Place</b> <b>Valkaria FL 32950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, EMERSON</b> <b>193 EMERSON DR NW</b> <b>PALM BAY, FL 32907</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Rowe, Maria</b> <b>1721 Flamevine Place</b> <b>Valkaria FL 32950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Boyd Rowe</b> <b>Boyd Rowe Pres</b> <b>2/14/05</b> <b>(321)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					