


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90057 020 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P04000148842 1. Entity Name COMPUTER SERVICES OF BREVARD, INC. | | | |  | |
| Principal Place of Business 4846 VERONA CIRCLE MELBOURNE, FL 32940 | | | Mailing Address 4846 VERONA CIRCLE MELBOURNE, FL 32940 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 26-0099223 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBS, BARRY M 2633 ASTON CIRCLE MELBOURNE, FL 32040 | | | 7. Name and Address of New Registered Agent Name Jacobs, Barry M. Street Address (P.O. Box Number is Not Acceptable) 4846 Verona Circle City Melbourne FL Zip Code 32940 | | |
| 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><i>Barry M. Jacobs</i></u> 16 Aug 2007 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete JACOBS, BARRY M 2633 ASTON CIRCLE MELBOURNE, FL 32940 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jacobs, Barry M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4846 Verona Circle Melbourne, FL 32940 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete JACOBS, TINI A 2633 ASTON CIRCLE MELBOURNE, FL 32940 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jacobs, Tini A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4846 Verona Circle Melbourne, FL 32940 | | |
| 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 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><i>Barry M. Jacobs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 16 Aug 2007 321-255-3699 <small>Date Daytime Phone</small> | | | |