

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90136-020-\$158.75-\$158.75

DOCUMENT # P04000161810

1. Entity Name
COASTAL RESTORATION OF BREVARD, INC



FILED

05 NOV 14 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
225 N.E. FIRST STREET
SATELLITE BEACH, FL 32937 US

Mailing Address
225 N.E. FIRST STREET
SATELLITE BEACH, FL 32937 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



07102005-10/03/05
U.S. Dept. of Commerce
REGISTRATION UNIT

4. FEI Number
20-3643861

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$0.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS, DONALD L
225 N.E. FIRST STREET
SATELLITE BEACH, FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Donald L. Dennis, President
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reappointing)

7/10/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME DENNIS, DONALD L
STREET ADDRESS 225 N.E. FIRST STREET
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VICE President. (V) ☐ Change ☒ Addition
NAME LAURENCE W. DENNIS
STREET ADDRESS 6 WINFIELD DR.
CITY-ST-ZIP SHELTON CT 06484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VENITA LYNN DENNIS
STREET ADDRESS 6 WINFIELD DR.
CITY-ST-ZIP SHELTON CT 06484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 13, 2005

COASTAL RESTORATION OF BREVARD, INC
225 N.E. FIRST STREET
SATELLITE BEACH, FL 32937 US

Subject: COASTAL RESTORATION OF BREVARD, INC

Reference Number: P04000161810

/LS
ANNUAL REPORTS SECTION

To Whom it may Concern:

I have applied For and Received
A FEI # and completed Block 4.

Thank you

Donald Dennis

President

Coastal Restoration of Brevard, Inc.