

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142965

FILED
Jul 28, 2008
Secretary of State

Entity Name: THREE AMIGOS OF BREVARD COUNTY, INC.

Current Principal Place of Business:

76 E MERRITT ISLAND CSWY
SUITE 204
MERRITT ISLAND, FL 32952

New Principal Place of Business:

76 E MERRITT ISLAND CSWY
SUITE 203
MERRITT ISLAND, FL 32952

Current Mailing Address:

76 E MERRITT ISLAND CSWY
SUITE 204
MERRITT ISLAND, FL 32952

New Mailing Address:

76 E MERRITT ISLAND CSWY
SUITE 203
MERRITT ISLAND, FL 32952

FEI Number: 20-3844852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
3490 NORTH US HIGHWAY ONE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: WATSON, DUANE A
Address: 335 S PLUMOSA STREET STE J
City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: D () Delete
Name: SHAH, MAHESH R
Address: 402 HIGH POINT DRIVE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: KENNEDY, RALPH
Address: 335 S PLUMOSA STREET SUITE J
City-St-Zip: MERRITT ISLAND, FL 32954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE A. WATSON

PRES

07/28/2008

Electronic Signature of Signing Officer or Director

Date