
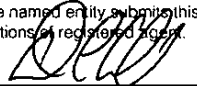
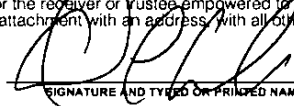


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90056 015 \*\*\*150.00

<b>DOCUMENT # P06000073078</b> 1. Entity Name <b>LEE ENTERPRISES OF BREVARD, INC.</b>					
Principal Place of Business <b>467 HAMMOND STREET PALM BAY, FL 32908</b>			Mailing Address <b>467 HAMMOND STREET PALM BAY, FL 32908</b>		
2. Principal Place of Business - No P.O. Box # <b>1396 Arnold Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1396 Arnold Drive</b> Suite, Apt. #, etc.			
City & State <b>Melbourne, Fl.</b> Zip <b>32935</b>		City & State <b>Melbourne, Fl.</b> Zip <b>32935</b>		4. FEI Number <b>20-4934885</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARROL, DAVID L 467 HAMMOND STREET PALM BAY, FL 32908</b>			7. Name and Address of New Registered Agent Name <b>David L. Carol</b> Street Address (P.O. Box Number is Not Acceptable) <b>1396 Arnold Drive</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</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>David L. Carroll</b> DATE <b>4/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARROLL, DAVID L 467 HAMMOND STREET PALM BAY, FL 32908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARROLL, JOYCE K 467 HAMMOND STREET PALM BAY, FL 32908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARROL, RHONDA 467 HAMMOND STREET PALM BAY, FL 32908</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Carrol, David L. 1396 Arnold Drive Melbourne, Fl. 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST Carrol, Joyce K. 1396 Arnold Drive Melbourne, Fl. 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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:  <b>David Carroll</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/24/07</b> Daytime Phone # <b>321-508-2427</b>		