

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 044 ***150.00

DOCUMENT # P25273

1. Entity Name
BREVARD COUNTY WINDUSTRIAL CO.



Principal Place of Business
**750 MULLET DRIVE
CAPE CANAVERAL, FL 32920 US**

Mailing Address
**1000 HURRICANE SHOALS ROAD N.E.
BLDG. D, SUITE 500
LAURENCEVILLE, GA 30043 US**

44015207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2955197

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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: *Philip E. Muegel*

03/01/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SETEROFF, RICHARD
STREET ADDRESS 7210 US 1 NORTH #203
CITY-ST-ZIP FORT ST. JOHN, FL

TITLE ☐ Change ☒ Addition
NAME **D Michael L Creech**
STREET ADDRESS **3500 Commerce Center Dr.**
CITY-ST-ZIP **Franklin, OH 45005**

TITLE D ☐ Delete
NAME BATTER, WAYNE
STREET ADDRESS 332 OLD MAPLE AVE.
CITY-ST-ZIP NORTH HAVEN, CT

TITLE ☐ Change ☒ Addition
NAME **Benjamin G. Fry**
STREET ADDRESS **3110 Ketterling Blvd**
CITY-ST-ZIP **Dayton, OH 45439**

TITLE ST ☐ Delete
NAME MUEGEL, PHILIP E.
STREET ADDRESS 1000 HURRICANE SHOALS ROAD N.E.
CITY-ST-ZIP LAURENCEVILLE, GA 30043

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

TITLE D ☐ Delete
NAME OSENBAUGH, JACK
STREET ADDRESS 3120 KETTERING BLVD.
CITY-ST-ZIP DAYTON, OH 45439

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

TITLE D ☒ Delete
NAME MCINTYRE, JIM
STREET ADDRESS 3110 KETTERING BLVD.
CITY-ST-ZIP DAYTON, OH 45439

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Philip E. Muegel*

03/01/04

678-377-0537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #