


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P25273 1. Entity Name BREVARD COUNTY WINDUSTRIAL CO.	
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Principal Place of Business 750 MULLET DRIVE CAPE CANAVERAL, FL 32920 US	Mailing Address 1000 HURRICANE SHOALS ROAD N.E. C-100 LAURENCEVILLE, GA 30043 US
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05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-2955197	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____
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
Due by September 6, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETEROFF, RICHARD 7210 US 1 NORTH #203 FORT ST. JOHN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTER, WAYNE 332 OLD MAPLE AVE. NORTH HAVEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUEGEL, PHILIP E. 1000 HURRICANE SHOALS ROAD N.E. LAURENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSENBAUGH, JACK 3120 KETTERING BLVD. DAYTON, OH 45439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, MICHEAL L 3500 COMMERCE CENTER DR. FRANKLIN, OH 45005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, BENJAMIN G 3110 KALTERKAY BLVD DAYTON, OH 45439

000000564936
05/20/06-80095-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 true empowered.

SIGNATURE: *Philip E. Muegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #