

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 030 \*\*\*150.00

<b>DOCUMENT # P93000019182</b>					
<b>1. Entity Name</b> BREVARD TOWER COMMUNICATIONS, INC.					
<b>Principal Place of Business</b> 40 MARINA ISLES BLVD SATELLITE BEACH, FL 32937 US <i>SAME</i>			<b>Mailing Address</b> P.O. BOX 361293 MELBOURNE, FL 32936-1293 US <i>405 Newfound Harbor Dr. Merritt Island, FL 32952</i>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04152005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3219408				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHINE, THOMAS E 40 MARINA ISLES BLVD SATELLITE BEACH, FL 32937			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSTD	<b>NAME</b> SHINE, THOMAS E		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 40 MARINA ISLES BLVD	<b>CITY-ST-ZIP</b> SATELLITE BEACH, FL 32937		<b>TITLE</b> Vice Pres. & Secretary		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<b>NAME</b> Jack D. Hurt		
<b>STREET ADDRESS</b> 405 Newfound Harbor Drive			<b>CITY-ST-ZIP</b> Merritt Island, FL 32952		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<b>TITLE</b> _____		
<b>NAME</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<b>TITLE</b> _____		
<b>NAME</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<b>TITLE</b> _____		
<b>NAME</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<b>TITLE</b> _____		
<b>NAME</b> _____			<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jack D. Hurt, Sec</i>			Date: <i>4-19-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>321-452-8234</i>		