

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000068868**

1. Entity Name  
**GOOD GUYS OF BREVARD, INC.**



Principal Place of Business  
**GOOD GUYS OF BREVARD, INC.  
1308 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US**

Mailing Address  
**1308 N HARBOR CITY BLVD  
MELBOURNE, FL 32935**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3207233**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHNITZER, RAYMOND L  
243 PROVINCIAL DR  
INDIALANTIC, FL 32903**

**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 Raymond L Schnitzer RAYMOND L SCHNITZER 3/12/08  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | D                        |
| NAME           | SCHNITZER, RAYMOND L     |
| STREET ADDRESS | 243 PROVINCIAL DR        |
| CITY-ST-ZIP    | INDIALANTIC, FL 32903    |
| TITLE          | D                        |
| NAME           | WILANSKY, JOHN R         |
| STREET ADDRESS | 1028 ASHLEY AVENUE       |
| CITY-ST-ZIP    | INDIAN HARBOUR BEACH, FL |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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**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 like empowered.

SIGNATURE: Raymond L Schnitzer RAYMOND L SCHNITZER 3/12/08 321-242-9996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #