FILED May 09, 2005 8:00 am

2005	FOR PROFIT CORPORATION
	ANNUAL REPORT

ANNUAL REPORT					Secretary of State				
DOCUMENT # P94000032980						0282 009 ***150.0			
1. Entity Name BREVARD LEGAL ARTS CENTER, INC.					20003	202 005 100.			
1			100	TELE POLICE TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN C					
Principal Plac		Mailing Address			03				
	200 BREVARD AVE. 200 BREVARD AVE. COCOA, FL 32922 US COCOA, FL 32922 US		S						
·		,		(MIL BEIDE BING BEIR 1830) (BRI DE			
2. Principal Place of Business 3. Mailing Address									
1980	Michigan Au	5 1980 W	lichigal) Aug	IN LUKII NENII NUKII NUKII NU	riin mainta eriim italin intan intit ma	rinai il indi		
Suite, Apt.	#, etc. <u>U</u>	Suite, Apt. #, etc.	O	05052005	Chg-P	CR2E034 (10/03)			
City & State City & State			- ,	4. FEI Numb	-	Ar	pplied For		
Zip	Country	COCOQ ,	Country	59-324	13696		ot Applicable		
3298	aa üs	32922	211	5. Certificate	e of Status Desired	See Require			
	6. Name and Address of Current i	Registered Agent	Name	7. Name an	d Address of New I	Registered Agent			
VANCE, L	Α	Nance 1	\mathcal{A}_{-}						
200 BREV.			ZQ Street	Address (P.O. Box Numb	per is Not Acceptable	Aue Aue			
000071,1					9				
			City C	0000		FL Zip Cod	<u>ກຸດ ລ</u> ງ		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office of	r registered agent, or bo	oth, in the State of F	lorida. I am familiar with,	and accept		
the obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	lure required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	' OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11		
TITLE NAME	PD LOTANE, TROY R	☐ Delete	TITLE NAME			Change Change	☐ Addition		
STREET ADDRESS	200 BREVARD AVE.			1980 Michigan Ave					
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP	cocaa,	7=1 0				
TITLE NAME	VPD BROWER, JOHN	☐ Delete	TITLE NAME	·		☐ Change	Addition		
STREET ADDRESS	200 BREVARD AVE STRE								
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP						
TITLE NAME	SD Delete TITLE NAME					Change	Addition		
STREET ADDRESS	200 BREWARD AVE								
CITY-ST-ZIP	COCOA, FL 32922	<u> </u>	CITY-ST-ZIP			₩ C+			
TITLE NAME	TD VANCE, LA	☐ Delete	TITLE NAME			Change	Addition		
STREET ADDRESS	200 BREWARD AVE			1980 N	lichigo	IN Aue			
CITY-ST-ZIP TITLE	COCOA, FL 32922	☐ Delete	CITY-ST-ZIP	cocaa,	El a	32432 ☐ Change	☐ Addition		
NAME		□ Delete	NAME			Change	- Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	1		☐ Change	Addition		
NAME		Li Delete	NAME			опанув	raginal		
STREET ADDRESS - CITY-ST-ZIP			STREET ADDRESS CITY; ST-ZIP						
12. I hereby certify that the information supplied with this filing does not quality 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 agnature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feceiver of truetee empowered to execute this eport is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an oddress, with all other like empowered.									
changed, or on an attacifment with an eddress, with all other like empriwered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #									