

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043339

FILED
Apr 30, 2009
Secretary of State

Entity Name: SPACE COAST PROPERTY MANAGEMENT OF BREVARD, INC.

Current Principal Place of Business:

645 CLASSIC CT
SUITE 104
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

645 CLASSIC CT
SUITE 104
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-3252181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRS, CYNTHIA
2585 TURTLEMOUND RD.
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARRS, KEVIN G
Address: 2585 TURTLEMOUND RD.
City-St-Zip: MELBOURNE, FL 32934

Title: ST () Delete
Name: MARRS, CYNTHIA R M
Address: 2585 TURTLEMOUND RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Delete
Name: JACKSON, MARK
Address: 3102 HUNTLEIGH WAY
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Delete
Name: AGENT, DANIEL
Address: 6511 NORMAN DRIVE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN MARRS

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date