

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90472 015 \*\*\*150.00

<b>DOCUMENT # P95000063244</b> 1. Entity Name <b>EAST COAST PROPERTIES OF BREVARD, INC.</b>																											
Principal Place of Business <b>712 PALEMTTO AVE MELBOURNE, FL 32901 US</b>		Mailing Address <b>712 PALEMTTO AVE MELBOURNE, FL 32901 US</b>																									
2. Principal Place of Business <b>712 Palmetto Ave.</b>		3. Mailing Address <b>712 Palmetto</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Melbourne, FL</b>		City & State <b>Melbourne, FL</b>																									
Zip <b>32901</b>		Zip <b>32901</b>																									
Country <b>US</b>		Country <b>US</b>																									
4. FEI Number <b>59-3334389</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>SIMS, WILLIAM J JR 712 PALMETTO AVE MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and the fee code. (NOTE: Registered Agent's signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PSTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM, SIMS JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>712 PALMETTO AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MELBOURNE, FL 32901</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	WILLIAM, SIMS JR		STREET ADDRESS	712 PALMETTO AVE		CITY- ST- ZIP	MELBOURNE, FL 32901		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 another like empowered.																											
SIGNATURE: <b>WILLIAM J. SIMS, JR</b> 04/28/05 321-725-1800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-PHONE</small>																											