

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 030 ***150.00

DOCUMENT # P96000002891

1. Entity Name
BRAY, BECK & KOETTER, CPA, P.A.



Principal Place of Business
**7351 OFFICE PARK PLACE
SUITE A
MELBOURNE, FL 32940**

Mailing Address
**7351 OFFICE PARK PLACE
SUITE A
MELBOURNE, FL 32940**

40071785



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-3351552
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECK, EDWARD J
7351 OFFICE PARK PLACE
SUITE A
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (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	<input type="checkbox"/> Delete
NAME	BRAY, RONALD E	
STREET ADDRESS	1334 BAYSHORE DRIVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECK, EDWARD J	
STREET ADDRESS	2197 ROCKLEDGE DR	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOETTER, RONALD E	
STREET ADDRESS	4309 LANTERN DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	THERESA A. BURDINE	
CITY-ST-ZIP	7351 OFFICE PARK PLACE, SUITE A MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 **321-795-1703**
Date Daytime Phone #