

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90138 011 \*\*\*150.00

**DOCUMENT # P96000047019**

1. Entity Name

**PLATINUM INVESTMENTS OF BREVARD, INC.**



Principal Place of Business

**777 N. HWY. A1A  
SUITE 101  
INDIALANTIC FL 32903**

Mailing Address

**777 N. HWY. A1A  
SUITE 101  
INDIALANTIC FL 32903**

2. Principal Place of Business

**2000 A1A Highway**

3. Mailing Address

**2000 A1A Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State  
**Indian Harbour Beach, FL**

City & State  
**Indian Harbour Beach, FL**

4. FEI Number

**59-3388420**

Applied For

Not Applicable

Zip  
**32937**

Country  
**Brevard**

Zip  
**32937**

Country  
**Brevard**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, NANCY R  
5425 SANDLAKE DR  
MELBOURNE FL 32934**

Name

Street Address (P.O. Box Number is Not Acceptable)

**FL**

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WALL, BARBARA C**  
STREET ADDRESS **16F MARINA ISLES**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **D** ☐ Delete  
NAME **TAYLOR, NANCY R**  
STREET ADDRESS **5425 SANDLAKE DR.**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

**SIGNATURE:**

*Nancy R Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/11/05 321-768-7600*

Date

Daytime Phone #