


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000099664
 1. Entity Name
THE FLORIDA MARKETPLACE OF BREVARD, INC.



Principal Place of Business 1396 S BABOCK ST MELBOURNE, FL 32901 US	Mailing Address 1396 S BABOCK ST MELBOURNE, FL 32901 US
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3415390	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BEALS, ROBERT L
 780 E STRAWBRIDGE AVE
 ALTAMONTE SPRINGS, FL 32701

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000115213
 04/16/04 80016 001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BROUSSARD, WILLIAM J 502 E NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYLOR, RALPH R. 502 E NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZORBIS, ANDREW 502 E NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENNETH E 502 E NEW HAVEN AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Ken E. Allen **4-13-04** **321-956-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #