

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90151 012 ***158.75

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3415390	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEALS, ROBERT L 780 E STRAWBRIDGE AVE ALTAMONTE SPRINGS, FL 32701				Name David G. Larkin Street Address (P.O. Box Number is Not Acceptable) 1900 S. Hickory Street Suite A City MELBOURNE FL Zip Code 32901	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/27/05 <small>(NOTE: Registered Agent Signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROUSSARD, WILLIAM J		NAME		
STREET ADDRESS	502 E NEW HAVEN AVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYLOR, RALPH R.		NAME		
STREET ADDRESS	502 E NEW HAVEN AVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZORBIS, ANDREW		NAME		
STREET ADDRESS	502 E NEW HAVEN AVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, KENNETH E		NAME		
STREET ADDRESS	502 E NEW HAVEN AVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> WILLIAM J. BROUSSARD			President 4/28/05 321-726-4000 <small>Date Daytime Phone #</small>		