


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000099664**


1. Entity Name  
 THE FLORIDA MARKETPLACE OF BREVARD, INC.



Principal Place of Business  
 502 EAST NEW HAVEN AVENUE  
 MELBOURNE, FL 32901 US

Mailing Address  
 502 EAST NEW HAVEN AVENUE  
 MELBOURNE, FL 32901 US

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3415390	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, DAVID G.  
 1900 S. HICKORY STREET  
 SUITE A  
 MELBOURNE, FL 32901

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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)  
Signature, typed or printed name of registered agent and title if applicable 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 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000993249  
 05/22/08-80047-011 158.75

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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:** William J. Broussard **PRESIDENT** 4-23-08 321-726-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*William J. Broussard*