2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or the changed, or on an attachment with

SIGNATURE:

Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # P97000044475 1. Entity Name REAL ESTATE DIRECT BREVARD, INC. Principal Place of Business Mailing Address 457 MONTREAL AVENUE MELBOURNE FL 32935 457 MONTREAL AVENUE MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3482107 Not Applicable Zip Country \$8.75 Additional Country Ζıp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRADER, FRANK D JR. Street Address (P.O. Box Number is Not Acceptable) **457 MONTREAL AVENUE** MELBOURNE FL 32935 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change TITLE Addition Delete TITLE SHRADER, FRANK D JR NAME NAME U00000070078 STREET ADDRESS 457 MONTREAL AVENUE STREET ADDRESS 03/01/04-80030-025 150.00 MELBOURNE FL 32935 CITY-ST-ZIP CiTY-ST-ZIP Change Addition Delete HTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TiTLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

the all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

321-254-0688

Daveme Phone #