2004 FOR PROFIT CORPORATION

Mar 29, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P97000103746 03-29-2004 90043 007 ***150.00 1. Entity Name BREVARD CANVAS & MARINE INTERIORS, INC. Principal Place of Business Mailing Address 7 7 V W A V - * 357 IMPERIAL BLVD 357 IMPERIAL BLVD CAPE CANAVERAL, FL 32920 US CAPE CANAVERAL, FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 59-3494118 Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, TIMOTHY J 450 APACHE TRAIL MERRITT ISLAND, FL 32953 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. 04 , mor SIGNATURE tle if applic DATE (NOTE Registered Agent signature required when reinstating) e of registered agent and 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition Delete TITLE TITLE . MYERS, TIMOTHY J NAME STREET ADDRESS STREET ADDRESS 450 APACHE TRAIL MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIA ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP ☐ Channe Addition TELE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 of the trustee empowered.

Wite

RINTED NAME OF SIG

NG OFFICER OR DIRECTOR

SIGNATURE:

FILED

/ OL

Daytime Phone #

Date