

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90043 038 ***150.00

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1. Entity Name

WARLOCKS OF BREVARD, INC.



Principal Place of Business

**1109 DIXON BLVD.
COCOA, FL 32922**

Mailing Address

**1109 DIXON BLVD.
COCOA, FL 32922**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3519126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUDREAU, JOHN EDWARD JR.
1109 DIXON BLVD.
COCOA, FL 32922**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BOUDREAU, JOHN EDWARD JR.
STREET ADDRESS 1109 DIXON BLVD.
CITY-ST-ZIP COCOA, FL 32922

TITLE D
NAME FOSTER, ROBERT H JR
STREET ADDRESS 2300 KANSAS AVENUE
CITY-ST-ZIP TITUSVILLE, FL

TITLE D
NAME SHAFER, TRAVIS
STREET ADDRESS 2511 COCONUT DRIVE
CITY-ST-ZIP COCOA, FL 32926

TITLE D
NAME QUICKFALL, ADA
STREET ADDRESS 510 ELENOR STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Boudreau 1-26-06