


FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 037 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000036289			
1. Entity Name FLORIDA PROPERTIES OF BREVARD, INC.			
Principal Place of Business 1300 ARMSTRONG DR STE 103 TITUSVILLE, FL 32780		Mailing Address PO BOX 5868 TITUSVILLE, FL 32783	
2. Principal Place of Business - No P.O. Box # 1300 Armstrong Dr.		3. Mailing Address	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc.	
City & State Titusville, Fl		City & State	
Zip 32780	Country	Zip	Country
6. Name and Address of Current Registered Agent CASALE, JOSEPH C 1300 ARMSTRONG DR TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. This 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 '07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASALE, JOSEPH C 1300 ARMSTRONG DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <i>Joseph C Casale</i>		Date: 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Filed	

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04112007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3506086** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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JOSEPH C CASALE 4/10/07 208-0444