

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086398

1. Entity Name
RESORT RESERVATIONS OF BREVARD, INC.



FILED
Apr 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
7400 RIDGEWOOD AVENUE
CAPE CANAVERAL, FL 32920

Mailing Address
7400 RIDGEWOOD AVE
CAPE CANAVERAL, FL 32920



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541471	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL-SHAFFER, CYNTHIA S
7400 RIDGEWOOD AVENUE
CAPE CANAVERAL, FL 32920

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D BELL-SHAFFER, CYNTHIA 6655 RIDGEWOOD AVE #103 COCOA BEACH, FL 32931
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000315403
04/19/05-80034-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 321-784-4311
Date Daytime Phone #