

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90004 027 ***150.00

DOCUMENT # P98000090945

1. Entity Name
M & L ENTERPRISES OF BREVARD, INC.



Principal Place of Business
1520 BOTTLEBRUSH DRIVE
2-M
PALM BAY, FL 32905 US

Mailing Address
~~**422 FIFTH AVENUE**~~
~~**INDIALANTIC, FL 32903 US**~~
1520 Bottlebrush Drive 2M
Palm Bay, FL 32905 US

40004030



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3527259	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CALICCHIA, DOMENIC H
1520 BOTTLEBRUSH DRIVE NE
PALM BAY, FL 32905

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P POWELL, MICHAEL 422 FIFTH AVENUE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POWELL, LAURIE 422 FIFTH AVENUE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Powell, Michael 1520 Bottlebrush Drive NE 2M Palm Bay, FL, 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Powell, Laurie 1520 Bottle Brush Drive NE 2M Palm Bay, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: *Michael Powell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 704-682-5175
 Date Daytime Phone #