

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000090945

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



2008 OCT 20 AM 10:14

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

Mailing Address  
422 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

10940 MC CAMIEE HILL PL  
CONCORD, N.C. 28025

City & State

10092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 1520 BOTTLEBRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 1520 BOTTLE BRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Powell, Michael  
STREET ADDRESS 10940 McCamiee Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE VP ☒ Change ☐ Addition  
NAME Powell, Laurie  
STREET ADDRESS 10940 McCamie Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED  
2008 OCT 20 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
20 10-22



10092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 1520 BOTTLEBRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 1520 BOTTLE BRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Powell, Michael  
STREET ADDRESS 10940 McCamiee Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE VP ☒ Change ☐ Addition  
NAME Powell, Laurie  
STREET ADDRESS 10940 McCamie Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED  
2008 OCT 20 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
20 10-22



10092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 1520 BOTTLEBRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 1520 BOTTLE BRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Powell, Michael  
STREET ADDRESS 10940 McCamiee Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE VP ☒ Change ☐ Addition  
NAME Powell, Laurie  
STREET ADDRESS 10940 McCamie Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED  
2008 OCT 20 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
20 10-22



10092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 1520 BOTTLEBRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 1520 BOTTLE BRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Powell, Michael  
STREET ADDRESS 10940 McCamiee Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE VP ☒ Change ☐ Addition  
NAME Powell, Laurie  
STREET ADDRESS 10940 McCamie Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED  
2008 OCT 20 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
20 10-22



10092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 422 FIFTH AVENUE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P ☐ Delete  
NAME POWELL, MICHAEL  
STREET ADDRESS 1520 BOTTLEBRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE VP ☐ Delete  
NAME POWELL, LAURIE  
STREET ADDRESS 1520 BOTTLE BRUSH DR NE 2M  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Powell, Michael  
STREET ADDRESS 10940 McCamiee Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE VP ☒ Change ☐ Addition  
NAME Powell, Laurie  
STREET ADDRESS 10940 McCamie Hill Pl  
CITY-ST-ZIP Concord, NC 28025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
C