

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090945

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

1520 BOTTLEBRUSH DRIVE
2-M
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

422 FIFTH AVENUE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3527259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, MICHAEL
Address: 10940 MCCAMIEE HILL PL
City-St-Zip: CONCORD, NC 28025

Title: VP () Delete
Name: POWELL, LAURIE
Address: 10940 MCCAMIEE HILL PL
City-St-Zip: CONCORD, NC 28025

Title: P () Delete
Name: POWELL, MICHAEL
Address: 1520 BOTTLEBRUSH DR NE 2M
City-St-Zip: PALM BAY, FL 32905

Title: VP () Delete
Name: POWELL, LAURIE
Address: 1520 BOTTLE BRUSH DR NE 2M
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMENIC H CALICCHIA

ACC

01/13/2009

Electronic Signature of Signing Officer or Director

Date