

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 008 ***150.00

DOCUMENT # P99000004723	
1. Entity Name BREVARD MOBILE HOME PARTS & SUPPLY, INC.	

Principal Place of Business 1395 CLEARLAKE RD. COCOA, FL 32922	Mailing Address 1395 CLEARLAKE RD. COCOA, FL 32922
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0892269		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	
KONTOGIANNIS, DEAN 1223 MEADOW LAKE RD ROCKLEDGE, FL 32955		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KONTOGIANNIS, DEAN	NAME	<i>1395 Clearlake Rd</i>
STREET ADDRESS	1223 MEADOW LAKE RD	STREET ADDRESS	<i>COCOA FL 32922</i>
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KONTOGIANNIS, GEORGEANN	NAME	<i>1395 Clearlake Rd</i>
STREET ADDRESS	1223 MEADOW LAKE RD	STREET ADDRESS	<i>COCOA FL 32922</i>
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Dean Kontogiannis* **DEAN KONTOGIANNIS** *1-13-05 321-631-2060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #