


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0892269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KONTOGIANNIS, DEAN
1223 MEADOW LAKE RD
ROCKLEDGE, FL 32955

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONTOGIANNIS, DEAN 1395 CLEARLAKE RD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KONTOGIANNIS, GEORGEANN 1395 CLEARLAKE RD COCOA, FL 32922
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05/12/08-80008-012 150.00

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: DEAN KONTOGIANNIS 4-22-08 321-631-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #