2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90339 028 ***150.00

DOCUMENT # P99000010987

1. Entity Name
R.T.R.S. OF BREVARD, INC.

Principal Place of Business	Mailing Address
4165 DOW REL #37 MELBOURNE, FL 32934	559 WEST EAU GALLIE BOULEVARD MELBOURNE, FL 32935

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 37
City & State	City & State MELBOURNE FL
Zip / Country	Zip 32934 / Country BREVARD

4. FEI Number NOT APPLICABLE ☐ 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
DENNIE, JEFFREY P 4165 DOW RD. #37 MELBOURNE, FL 32934	Name DENNIE, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 4165 Dow Rd # 37 City MELBOORNE FL Zip Code 32934

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 Elizabeth Dennie 4/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST DENNIE, JEFFREY P 4165 DOW RD. #37 MELBOURNE, FL 32934	☐ Delete	PT DENNIE, ELIZABETH 4165 DOW Rd # 37 MELBOURNE FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIE, JEFFREY P 559 WEST EAU GALLIE BOULEVARD MELBOURNE, FL 32935	☐ Delete	VS DENNIE, JEFFREY P 4165 DOW Rd # 37 MELBOURNE FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Elizabeth Dennie 4/14/04 321-259-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #