

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000043998</b>                        |  |
| 1. Entity Name<br><b>BREVARD LEAK DETECTION, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>145 DUVAL ST.<br/>MELBOURNE BEACH, FL 32951</b> | Mailing Address<br><b>145 DUVAL ST.<br/>MELBOURNE BEACH, FL 32951</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01052005 Chg-P CR2E034 (10/03)

|                                                                                                                           |  |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-3577526</b>                                                                                        |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |  |                                                                                                                                      |
| 6. Name and Address of Current Registered Agent<br><b>ROGERS, ERIKA K<br/>145 DUVAL ST.<br/>MELBOURNE BEACH, FL 32951</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reconstituting) DATE \_\_\_\_\_

|                                                                               |                                                                                                                     |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ROGERS, MICHAEL<br>145 DUVAL STREET<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROGERS, ERIKA<br>145 DUVAL ST<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000295491<br>04/09/05-80031-001 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KAEVATS, JURI<br>609 CITRUS CT<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KAEVATS, SANDRA<br>609 CITRUS CT<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Erika K. Rogers 4/7/05 321-729-8090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #