

**ANNUAL REPORT (AR)****DOCUMENT # V52713**

1. Entity Name

EXTERIOR DECORATORS OF BREVARD INC.



**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

479 KENNETH DR.  
MELBOURNE FL 32935

Mailing Address

479 KENNETH DR.  
MELBOURNE FL 32935

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3133814

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

LOPER, RICHARD B.  
 479 KENNETH DR.  
 MELBOURNE FL 32935

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

*Richard B. Loper* Richard B. Loper pres.

*April 10, 2007*

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, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	LOPER, RICHARD B	479 KENNETH DR.	MELBOURNE FL 32935				
V	LOPER, DAVID C III	479 KENNETH DR.	MELBOURNE FL 32935				

U00000703334  
 04/20/07-80159-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Richard B. Loper* Richard B. Loper pres.

*April 10, 2007* 321 426 5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #