

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90500 029 ***150.00

DOCUMENT # P03000078425					
1. Entity Name W&I OF BREVARD, INC.					
Principal Place of Business 304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901			Mailing Address 304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901		
2. Principal Place of Business 7331 Office Park Place Suite, Apt. #, etc. Suite 200		3. Mailing Address 7331 Office Park Place Suite, Apt. #, etc. Suite 200			
City & State Viera, FL 32901		City & State Viera, FL 32901		03312004 Chg-P CR2E034 (10/03)	
Zip Country 32940 USA		Zip Country 32940 USA		4. FEI Number 91-2197679	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DETTMER, DALE A 304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Robert M. Renfro Street Address (P.O. Box Number is Not Acceptable) 7331 Office Park Place Suite 200 City Viera FL Zip Code 32940		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete RENFRO, ROBERT M 304 S. HARBOR CITY BLVD. #201 MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert M. Renfro 7331 Office Park Place, Suite 200 Viera, FL 32940		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EULER, ERNEST C 304 S. HARBOR CITY BLVD. #201 MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STAFFORD, RONALD E 304 S. HARBOR CITY BLVD. #201 MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ernest C. Euler 7331 Office Park Place, Suite 200 Viera, FL 32940		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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