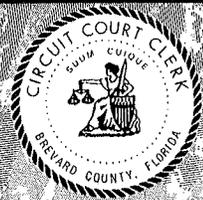


THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW



SCOTT ELLIS
CLERK OF THE CIRCUIT COURT
P.O. BOX 999 • TITUSVILLE, FLORIDA 32781-0999

64-79
611

No. **651500**

DATE 05/23/2008

PAY **Two Hundred Forty-Five Dollars & 47/100**

\$ ****245.47****

TO THE ORDER OF
Department of Financial Services
State of Florida
P.O. Box 1990
Tallahassee, FL 32302-1990

VOID 180 DAYS AFTER DATE OF ISSUE
CLERK OF CIRCUIT COURT ACCOUNT



SUNTRUST BANK, TITUSVILLE, FLORIDA

⑈ 651500 ⑈ [REDACTED] ⑈ 495 ⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW

No. **651500**

DESCRIPTION

Unclaimed Property for Period Ending December 31, 2007
Holder # 34097
\$245.47
Dated 05/23/2008



ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
 Florida Department of Financial Services

Current Holder Information:

BREVARD COUNTY CLERK OF COURTS
JACQUALINE COOK
400 SOUTH STREET
TITUSVILLE, FL 32781

Vendor Number: F 59-6000524

HOLDER NUMBER: 34097
HOLDER SIC: 922110
SIC DESC: Courts
Phone: (321)637-2002 Extn: 49285
Fax: (321)225-3051
Email: jacqualine.cook@brevardclerk.us

COVER SHEET FOR ANNUAL REPORT OF PROPERTY PRESUMED ABANDONEDFor Report Period Ending: **December 31, 2007**

(Please make necessary corrections to Name & Address on this form)

STATE OF INCORPORATION : _____ DATE OF INCORPORATION : _____

I, **JACQUALINE COOK**, state that I have caused to be prepared and have examined this report of property presumed abandoned, under Chapter 717, Florida Statutes, for the period as stated, and have enclosed a remittance check for the total amount of items reportable made payable to DEPARTMENT OF FINANCIAL SERVICES. That I am duly authorized by the holder herein to execute this report; and I believe this report is true, correct and complete as of this date, except for such property as has since ceased to be abandoned.

This report consists of:

- (a) TOTAL OF CASH ITEMS REPORTED AND REMITTED (Form DFS-UP-121): **\$245.47**
- (b) TOTAL SHARES OF STOCK REPORTED (Form DFS-UP-128): _____
- (c) TOTAL NUMBER OF SAFE DEPOSIT BOXES REPORTED (Form DFS-UP-129): _____
- (d) INDICATE MEDIA TYPE USED FORMS: DISKETTE: _____

Jacqueline Cook 05/23/08
 Signature Date

Accountant III**(321)637-2002**

Title

Telephone Number

Mail to:
DEPARTMENT OF FINANCIAL SERVICES
STATE OF FLORIDA
Bureau of Unclaimed Property
P.O. Box 1990
Tallahassee, FL 32302-1990
(850)413-5522

Form Number DFS-UP-111, revised 02-12-97

STATE OF FLORIDA
ANNUAL REPORT OF PROPERTY PRESUMED ABANDONED

FOR CASH ITEMS

MAIL TO:

State of Florida
Department of Financial Services
Bureau of Unclaimed Property
P O Box 1990
Tallahassee, FL 32302-1990
(850) 413-5522

PURSUANT TO THE FLORIDA DISPOSITION OF UNCLAIMED PROPERTY
CHAPTER 717, FLORIDA STATUTES

Covering UNCLAIMED ITEMS as of December 31, 2007

Holder Number (From DFS-UP-111 Cover Sheet) _____

Federal Tax Identification Number (FEID) 59-6000524

CASH AMOUNT REPORTED	NAME and LAST KNOWN ADDRESS (Street, City & State) date of birth of owner(s) including all joint/alternate owners, beneficiaries, and relationship LAST NAME FIRST	SSN/FEID NUMBER OF OWNER	PROPERTY TYPE CODE	DATE OF LAST TRANSACTION	ACCOUNT/CHECK NUMBER
\$31.54	Davis, Chimaria 905 East Juanita Circle, Melbourne, FL 32901	██████████	MS01	08/05/04	110070
\$165.00	ESM Association 2211 York Road, Oak Brook, IL 60523-2371	██████████	CK13	02/09/05	15519
\$48.93	Romano, J R Address Unknown	Unknown	MS01	08/26/99	94485

\$ 245.47 PAGE TOTAL

BofA Payroll Outstanding

Check .	Check Amount	Payee Name	Check Date
94485	48.93	J.R. Romano	08/26/1999
110070	\$31.54	CHIMARIA DAVIS	08/05/2004

\$80.47

Accounts Payable

BofA Outstanding Recon

165.00 BofA UnPaid Total

165.00 Adjusted Bank UnPaid Total

165.00 Internal UnPaid Total

0.00 Difference

Outstanding

Check #	Internal	Grand Total
15519	165.00	165.00
Grand Total	165.00	165.00



Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019



#1

0000278



04075 001 IMP999 0

BREVARD COUNTY CLERK OF COURTS
ATTN MICHAEL A. MCDANIEL
400 SOUTH ST. PO BOX 999
TITUSVILLE FL 32781-0999

Telephone Banking: 1.800.432.1000

Date of Notice: 06/03/08

Account: Full Analysis Business Checking
Account Number: [REDACTED] 9781

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

<i>Stop payment order effective:</i>	06/03/08	<i>Amount:</i>	\$5.42
<i>Check number/range:</i>	0000107898	<i>Stop payment fee:</i>	\$0.00
<i>Payee:</i> UNKNOWN		<i>Date of check:</i>	02/27/03
<i>Reason for stop payment:</i> LOST			

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order will be effective for at least six months, and may be renewed in writing. If you want to renew the stop payment order, please be sure to **write to us before the expiration date**. If we don't hear from you regarding extending the stop payment order, we will not be liable for paying the check (item) if it is presented to us after this six-month period.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.



Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019



H1

0000279



04075 001 IMP999 0

BREVARD COUNTY CLERK OF COURTS
ATTN MICHAEL A. MCDANIEL
400 SOUTH ST. PO BOX 999
TITUSVILLE FL 32781-0999

Telephone Banking: 1.800.432.1000

Date of Notice: 06/03/08

Account: Full Analysis Business Checking
Account Number: [REDACTED] 9781

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

<i>Stop payment order effective:</i>	06/03/08	<i>Amount:</i>	\$31.54
<i>Check number/range:</i>	0000110070	<i>Stop payment fee:</i>	\$0.00
<i>Payee:</i> CHIMARIA DAVIS		<i>Date of check:</i>	08/05/04
<i>Reason for stop payment:</i> LOST			

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order will be effective for at least six months, and may be renewed in writing. If you want to renew the stop payment order, please be sure to **write to us before the expiration date.** If we don't hear from you regarding extending the stop payment order, we will not be liable for paying the check (item) if it is presented to us after this six-month period.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.



Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019



#1

0000290



04075 001 IMP999

0

BREVARD COUNTY CLERK OF COURTS
GENERAL FUND
ATTN MICHAEL A. MCDANIEL
400 SOUTH ST. PO BOX 999
TITUSVILLE FL 32781-0999

Telephone Banking: 1.800.432.1000

Date of Notice: 06/03/08

Account: Full Analysis Business Checking
Account Number: [REDACTED] 9977

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

<i>Stop payment order effective:</i>	06/03/08	<i>Amount:</i>	\$165.00
<i>Check number/range:</i>	0000015519	<i>Stop payment fee:</i>	\$0.00
<i>Payee:</i> ESM ASSOCIATION		<i>Date of check:</i>	02/09/05
<i>Reason for stop payment:</i> LOST			

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment order at any time by writing to us at the address listed above. Depending on the nature of your stop payment order, there may be a fee charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
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