


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 021 ***158.75

DOCUMENT # P0000116125

1. Entity Name
BROTHER-IN-LAW ENTERPRISES, INC.



Principal Place of Business Mailing Address

4422 HWY 441 N 4422 HWY 441 N
 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

221 NE Park St. *221 NE Park St.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City State City State

Okeechobee Fla *Okeechobee Fla*

Zip Country Zip Country

34972 *USA* *34972* *USA*



01092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-1064026 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MITCHUM, GRACE
 4422 HWY 441 N
 OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHUM, STEVE	
STREET ADDRESS	606 SW 14TH ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, F ALAN	
STREET ADDRESS	2092 SW 22ND CIR	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Steve Mitchum* *1-9-07* Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #