


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000107736

1. Entity Name
SUE A. BROTHERWOOD INC.



06 JUL 25 7:35

Principal Place of Business
6009 SEA RANCH DR
#203
HUDSON, FL 34667

Mailing Address
6009 SEA RANCH DR
#203
HUDSON, FL 34667



2. Principal Place of Business
136 Waterfall Dr

3. Mailing Address
136 Waterfall Dr

06052006 REINSTATEMENT DEPT 98 (11/05) 05-06

City & State
Spring Hill, FL

City & State
Spring Hill FL

Zip
34608

Country
USA

Zip
34608

Country
USA

FEI Number
20-1563076

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BROTHERWOOD, SUE A
6009 SEA RANCH DR
#203
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name
BROTHERWOOD Sue A

Street Address (P.O. Box Number is Not Acceptable)
~~PO Box~~ *136 Waterfall Dr*

City
Spring Hill

FL Zip Code
34608

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 *Sue A. Brotherwood*

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME BROTHERWOOD, SUE A	
STREET ADDRESS 6009 SEA RANCH DR	
CITY-ST-ZIP HUDSON, FL 34667	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROTHERWOOD SUE A	
STREET ADDRESS PO Box <i>136 Waterfall Dr</i>	
CITY-ST-ZIP <i>Spring Hill, FL, 34608</i>	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000078270820
08/02/06--01033--014 **300.00

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: *Sue A. Brotherwood*

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

25/2

To whom it may concern,

My accountant was sick & then retired. I didn't know I was supposed to do annual report and moved in the process and did not receive anything

Sincerely,

Joe R. Bottenwald