

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90017 037 \*\*\*150.00

**DOCUMENT # P94000089334**

**1. Entity Name**  
**THE BREMER GROUP SALES, INC.**



**Principal Place of Business**  
11243-5 ST. JOHNS IND. PKWY.  
JACKSONVILLE, FL 32246 US

**Mailing Address**  
11243-5 ST. JOHNS IND. PKWY  
JACKSONVILLE, FL 32246 US

**50012065**



**2. Principal Place of Business**

11243-5 St Johns Ind Pkwy S  
Suite, Apt. #, etc.  
JACKSONVILLE, FL 32246  
City & State  
JACKSONVILLE FL  
Zip 32246 Country USA

**3. Mailing Address**

11243-5 St Johns Ind Pkwy S  
Suite, Apt. #, etc.  
JACKSONVILLE, FL 32246  
City & State  
JACKSONVILLE F  
Zip 32246 Country USA

01242005 Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-3290344

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BREMER, ROSS L  
11243-5 ST. JOHN'S INDUSTRIAL PARKWAY S.  
JACKSONVILLE, FL 32246

**7. Name and Address of New Registered Agent**

Name N/A  
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 N/A

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DPST  
NAME BREMER, ROSS L ☐ Delete  
STREET ADDRESS 11243 - 5 ST JOHNS INDUSTRIAL PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VP  
NAME PERRIN, KAREN ☐ Delete  
STREET ADDRESS 11243-5 ST JOHNS INOUS PKWY S  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11243-5 ST JOHNS INDUSTRIAL PKWY SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11243-5 ST JOHNS INDUSTRIAL PARKWAY SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** Karen Bremer VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/05 904-645-0004  
Date Daytime Phone #