

ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90036 035 ***158.75

DOCUMENT # 199324

1. Entity Name

BRUSH CREEK PROPERTIES, INC.



Principal Place of Business

29546 HWY. 54 W.
WESLEY CHAPEL FL 33543-4255

Mailing Address

29546 HWY. 54 W.
WESLEY CHAPEL FL 33543-4255

J4U1J010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6058139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ARTHUR D
29546 HWY. 54 W.
ZEPHYRHILLS FL 33543

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANIER, FRANCES G	
STREET ADDRESS	29546 HWY. 54 W.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	

TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANNE E.	
STREET ADDRESS	29546 HWY. 54 W.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ARTHUR	
STREET ADDRESS	29546 HWY. 54 W.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	Croom, Paula S.	
STREET ADDRESS	29546 State Rd. 54	
CITY-ST-ZIP	Wesley Chapel, FL 33543	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

Anne E. Williams

813-973-1001