

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 007 ***150.00

DOCUMENT # 380493 1. Entity Name BRAKE-FUNDERBURK ENTERPRISES, INC.					
Principal Place of Business 12855 PHILLIPS HIGHWAY BAYARD, FL 32256-3704			Mailing Address 12855 PHILLIPS HIGHWAY BAYARD, FL 32256-3704		
Note: Change of address					
2. Principal Place of Business 8383 Baycenter Rd.		3. Mailing Address 8383 Baycenter Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-1349095	
Zip 32256		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARLEY, KEN 12855 PHILLIPS HWY BAYARD, FL 32256			7. Name and Address of New Registered Agent Name Hurley, Ken Street Address (P.O. Box Number is Not Acceptable) 8383 Baycenter Rd City Jacksonville FL Zip Code 32256		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NORD, ERIC A <input type="checkbox"/> Delete 5028 SAN JOSE BLVD. JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8383 Baycenter Rd Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURLEY, KEN <input type="checkbox"/> Delete 12855 PHILLIPS HWY BAYARD, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8383 Baycenter Rd Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSS, CAROL S <input type="checkbox"/> Delete 12855 PHILLIPS HIGHWAY BAYARD, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Moss, Carol S 8383 Baycenter Rd Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			3/31/05 904-730-6788 Date Daytime Phone #		