2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 548517

1. Entity Name
JAMES P. BRUSSEE BUILDING CONTRACTOR, INC.

Principal Place of Business	Mailing Address
2804 411THH ST E	2804 411THH ST E
MYAKKA CITY, FL 34251 US	MYAKKA CITY, FL 34251 US

DO NOT WRITE IN THIS SPACE

03112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1768267	Not Applicable

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

6. Name and Address of Current Registered Agent

BRUSSEE, JAMES P
2804 411TH ST E
MYAKKA CITY, FL 34251

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BRUSSEE, JAMES P .
STREET ADDRESS	2804 411TH ST E
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	VS
NAME	BRUSSEE, SHARON J
STREET ADDRESS	2804 411TH ST E
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80045-021 150.00

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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: Sharon J Brussee, Sharon J. Brussee - VP/Sec'y   3-21-08   941-322-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #