


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90006 023 \*\*\*150.00

<b>DOCUMENT # 587813</b>	
1. Entity Name <b>BRALEW HOMES, INC.</b>	

Principal Place of Business <b>20960 SANDY LN P O BOX 1270 ESTERO FL 33928</b>	Mailing Address <b>20960 SANDY LN P O BOX 1270 ESTERO FL 33928</b>
---	---

2. Principal Place of Business <b>18428</b>	3. Mailing Address <b>P.O. Box 1270</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>ESTERO FL</b>

City & State <b>33928</b>	City & State <b>33928</b>
------------------------------	------------------------------

Zip <b>33928</b>	Country	Zip <b>33928</b>	Country
---------------------	---------	---------------------	---------



MOORE CR2E034 (11/03)

**54016076**

6. Name and Address of Current Registered Agent <b>LEWIS, Cissy Cindy 18428 MATERAS RD 20960 SANDY LANE FT MYERS FL 33912 33928 ESTERO</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LEWIS, Cissy</b>		NAME <b>LEWIS, CINDY</b>	
STREET ADDRESS <b>18428 MATERAS RD</b>		STREET ADDRESS <b>20960 SANDY LANE</b>	
CITY-ST-ZIP <b>FT MYERS FL 33912</b>		CITY-ST-ZIP <b>ESTERO FL 33928</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HETMAN, MICHAEL P</b>		NAME	
STREET ADDRESS <b>2216 DOVER AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FT MYERS FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**  **3/2/04** **239-267-8686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #