

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90298 018 ***150.00

DOCUMENT # 587813

1. Entity Name

BRALEW HOMES, INC.



Principal Place of Business

**20960 SANDY LN
P O BOX 1270
ESTERO FL 33928**

Mailing Address

**P O BOX 1270
ESTERO FL 33928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1891891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, CINDY
20960 SANDT LANE
ESTERO FL 33928**

Name

JEFF Lewis

Street Address (P.O. Box Number is Not Acceptable)

18428 MATANZAS RD

City

FT. MYERS

FL

Zip Code

33912

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

JEFF Lewis

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

1-28-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 **P** ☐ Delete
NAME **LEWIS, JEFF**
STREET ADDRESS **20960 SANDT LANE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **VP** ☐ Delete
NAME **HETMAN, MICHAEL P**
STREET ADDRESS **2216 DOVER AVE**
CITY-ST-ZIP **FT MYERS FL**

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 **18428 MATANZAS RD.**
CITY-ST-ZIP **FT. MYERS FL 33912**

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

TITLE ☐ Change ☐ Addition
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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: **JEFF Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

239-267-401

Daytime Phone #