| 2005 FOR PROFIT CORPORATION<br>ANNUAL REPORT   |  |  |   | FILED  |  |
|--|--|--|---|--|--|
| DOCUMENT # 646452<br>1. Entity Name<br>W.R. BRASS CONSTRUCTION, INC.                   |  |  |   | Jan 19, 2005 08:00 AM<br>Secretary of State  |  |
| Principal Plac<br>3527 CAMIN<br>SARASOTA, F  | O REAL   | Mailing Address<br>3527 CAMINO REAL<br>SARASOTA, FL 34239 US   |   |  |  |
| C  | O NOT WRITE  | IN THIS SPA  | CE  | 01142005 No Chg-P CR2E034 (10/03)   4. FE! Number Applied Fo   59-1995430 Not Applica   5. Certificate of Status Desired \$8.75 Additional   Fee Required Fee Required   |  |
|  | 6. Name and Address of Current F<br>I.R.<br>IINO REAL RD.<br>'A, FL 34239  | legistered Agent   |   | DO NOT WRITE<br>IN THIS SPACE  |  |
| the obligat  | named entity submits this statement for<br>ions of registered agent.<br>WR Bucks<br>Signature, typed or printed name of registered agent a<br>E NOWIII FEE 13 \$150.00<br>ay 1, 2005 Fee will be \$550.0 | M. R. B<br>(NOTE: Register<br>9. Election Campaign Fina  | RASS<br>ed Agent signature required<br>ncing \$5.                   | red agent, or both, in the State of Florida. 1 am familiar with, and acc<br>TREES. Jaw. 14, 2005<br>d when reinstaing) DATE<br>.00 May Be<br>led to Fees   |  |
| 10.<br>ITTLE<br>NAME<br>STREET ADDRESS<br>CITY - ST- ZIP                               | OFFICERS AND I<br>S<br>BRASS, A R<br>3527 CAMINO REAL RD<br>SARASOTA, FL<br>PTD  | DIRECTORS  |   | UNODOD185073<br>01/20/05-80056-011 150.00  |  |
| IAME<br>STREET ADDRESS<br>DITY - ST-ZIP<br>ITLE<br>IAME                                | BRASS, W R<br>3527 CAMINO REAL RD<br>SARASOTA, FL  |  |   |  |  |
| STREET ADDRESS<br>CITY - ST- ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST- ZIP  |  |  | -   | DO NOT WRITE<br>IN THIS SPACE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                        |  |  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>12. I hereby of<br>indicated<br>of the cor<br>changed | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empo<br>, or on an attachment with an address, w                           | this filing does not qualify for the ex-<br>true and accurate and that my signa<br>wered to execute this report as requ<br>fib all other like empowered. | emption stated in Se<br>ature shall have the<br>irred by Chapter 60 | ection 119.07(3)([], Florida Statutes. I further certify that the informatic<br>same legal effect as if made under oath, that I am an officer or direc<br>7, Florida Statutes; and that my name appears in Block 10 or Block 1 |  |