


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 717836 1. Entity Name BREAM FISHERMEN ASSOCIATION, INC.		
Principal Place of Business 1611 E. LARUA PENSACOLA FL 32501 US		Mailing Address P O BOX 4935 PENSACOLA FL 32507
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 23-7085647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOWERY, CHARLES A. 4041 N HWY 99 CENTURY FL 32535	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (If a new registered agent signature is required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUSSELL, DAN H.			NAME			
STREET ADDRESS	9895 S LOOP RD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, J D			NAME			
STREET ADDRESS	400 COLBERT AVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHASON, JOHN H			NAME			
STREET ADDRESS	5885 KEYSTONE RD.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFBAUER, ROBERT B			NAME			
STREET ADDRESS	701 CESSNA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWERY, CHARLES A			NAME			
STREET ADDRESS	4041 N HIGHWAY 99			STREET ADDRESS			
CITY-ST-ZIP	CENTURY FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMAN, JOHN			NAME			
STREET ADDRESS	9360 N. HIGHWAY 29			STREET ADDRESS			
CITY-ST-ZIP	MOLINO FL 32577			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 617, 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: Danny H. Russell **DANNY H. RUSSELL** 3-3-05 850 492-7468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #