


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 023 ***150.00

DOCUMENT # F06000001556
 1. Entity Name
BRUBET CORP.



Principal Place of Business Mailing Address
3116 SMITH HOLLOW RD ALLEGANY, NY 14706-9626 **105 SEA WORLD DR S ST AUGUSTINE, FL 32080**

2. Principal Place of Business, No P.O. Box # 3. Mailing Address
105 Sea Woods Dr S, 105 Sea Woods Dr S,
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St Augustine, FL St Augustine, FL
 Zip Country Zip Country
32080 St Johns 32080 St Johns

4. FEI Number **16-0956379** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 01072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
MAYER, WILLIAM C. f Change initial
144 CEDAR RIDGE CIR ST AUGUSTINE, FL 32080-6535

7. Name and Address of New Registered Agent
 Name **Mayer, William C.**
 Street Address, P.O. Box Number is Not Acceptable
 City **FL** 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 William C Mayer DATE 1/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BRADLEY, BRUCE I 105 SEA WOODS DR S ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV BRADLEY, BETTY M 105 SEA WOODS DR S ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bruce I Bradley **Bruce I Bradley** 11-07 904-471-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #