

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90023 041 ***158.75

DOCUMENT # F76356 1. Entity Name GEORGE H. BRUSS, INC.					
Principal Place of Business % JACK WINEBRENNER 3773 CENTRAL AVE. #A185 ST. PETERSBURG, FL 33713			Mailing Address % JACK WINEBRENNER 3773 CENTRAL AVE. #A185 ST. PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box # 8950 Dr MLK ST NORTH		3. Mailing Address PO BOX 55368			
Suite, Apt., #, etc. SUITE #130		Suite, Apt., #, etc.			
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 59-2179169	
Zip 33702		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINEBRENNER, JACK 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North Suite #130 City St Petersburg FL Zip Code 33702		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BRUSS, GEORGE H 2229 MERLIN DR. JEFFERSON CITY, MO	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUSS, LUANNE A. 2229 MERLIN DR. JEFFERSON CITY, MO	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>George H Bruss</u> George Bruss			03/10/07		727/327-1202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>