2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001563

1. Entity Name
J.A. BREWER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1805 HWY 17 POMONA PARK, FL 32181	PO BOX 641 POMONA PARK, FL 32181

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1193038
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, WILLIAM D
2860 NEIL ROAD
APOPKA, FL 32703

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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. (NOTE: Registered Agent signature required when signature)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONG, BEAUREGARD T
STREET ADDRESS	900 SOUTH RIVERSIDE DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VD
NAME	LONG, BARBARA R
STREET ADDRESS	2860 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	STD
NAME	LONG, TONYA BOWEN
STREET ADDRESS	900 SOUTH RIVERSIDE DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	CD
NAME	LONG, WILLIAM D
STREET ADDRESS	2860 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	HILL, LISA
STREET ADDRESS	2860 NEIL ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80064-003 150.00

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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: Beauregard T. Long Beauregard T. Long 4/21/05 386-649-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #