

FROM : CTZGERALD ACCOUNTING

FAX NO. : 573 471 9801

Jul. 05 2006 12:25 PM P111

**FILED**  
**Jul 10, 2006 08:00 AM**  
 Secretary of State

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # F94000001563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                       |
| 1. Entity Name<br>J.A. BREWER ENTERPRISES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                        |
| Principal Place of Business<br>1806 HWY 17<br>POMONA PARK, FL 32181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            | Mailing Address<br>PO BOX 641<br>POMONA PARK, FL 32181                                                                 |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                        |
| 4. FCI Number<br><b>43-1193038</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br><br>LONG, WILLIAM D<br>2880 NEIL ROAD<br>APOPKA, FL 32703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | DO NOT WRITE<br>IN THIS SPACE                                                                                          |
| 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>                                                                                                                                                                                                                               |                            |                                                                                                                        |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 8, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                         | U000000569054<br>07/11/06-80010-011 550.00<br><br>DO NOT WRITE<br>IN THIS SPACE                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LONG, BEAUREGARD T         |                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 900 SOUTH RIVERSIDE DRIVE  |                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEW SMYRNA BEACH, FL 32188 |                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                         |                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LONG, BARBARA R            |                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2880 NEIL ROAD             | U000000569054<br>07/11/06-80010-011 550.00<br><br>DO NOT WRITE<br>IN THIS SPACE                                        |
| 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 32188 |                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CD                         | U000000569054<br>07/11/06-80010-011 550.00<br><br>DO NOT WRITE<br>IN THIS SPACE                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LONG, WILLIAM D            |                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2880 NEIL ROAD             |                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APOPKA, FL 32703           |                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                          |                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HILL, LISA                 |                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2880 NEIL ROAD             | U000000569054<br>07/11/06-80010-011 550.00<br><br>DO NOT WRITE<br>IN THIS SPACE                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APOPKA, FL 32703           |                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                        |
| 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 807, 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>Louise Bowen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | 7-6-06<br>Date Daytime Phone #                                                                                         |