

FROM :Cory C Fitzgerald CPA

FAX NO. :573 471 9801

May. 01 2007 07:29AM

FILED**May 03, 2007 08:00 A**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000001563 1. Entry Name J.A. BREWER ENTERPRISES, INC.			
Principal Place of Business 1806 HWY 17 POMONA PARK, FL 32181		Mailing Address PO BOX 641 POMONA PARK, FL 32181	
DO NOT WRITE IN THIS SPACE		 04302007 No Chg-P CR2E034 (11/05)	
4. FEI Number 43-1193038		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent LONG, WILLIAM D 2860 NEIL ROAD APOPKA, FL 32703		DO NOT WRITE 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 this State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>William D. Long</u> Signature, typed or printed name of registered agent and signatory (if applicable)		<u>4-30-07</u> DATE	
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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LONG, BEAUREGARD T 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32188	000000758296 05/23/07-80106-017 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LONG, BARBARA R 2860 NEIL ROAD APOPKA, FL 32703		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD LONG, TONYA BOWEN 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32188		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD LONG, WILLIAM D 2860 NEIL ROAD APOPKA, FL 32703		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HILL, LISA 2860 NEIL ROAD APOPKA, FL 32703		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		
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 files unpropounded.			
SIGNATURE: Beauregard T. Long		4-30-07 386-649-0520	