

APR-23-2008 09:44A FROM:LONG FARMS, INC. 4078895069
FROM :Cory C Fitzgerald CPA FAX NO. :573 471 9801

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90360 021 ***150.00

**2008 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 841 POMONA PARK, FL 32181
2. Principal Place of Business - No P.O. Box		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
County		County
4. FYI 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 2880 NEIL ROAD APOPKA, FL 32703		7. Name and Address of New Registered Agent Name 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 I accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when submitting.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LONG, BEAUREGARD T 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LONG, BARBARA R 2880 NEIL ROAD APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONG, TONYA BOWEN 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LONG, WILLIAM D 2880 NEIL ROAD APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LISA 2880 NEIL ROAD APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE Hill, Lisa 2880 Neil Road Apopka, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 111, 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute; and that my name appears in Block 10 or Block 11 (if changed, or on an attachment with an address, with all other (b) empowered.		
SIGNATURE: 		Date: 4-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Signature (Please Print)