

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 049 ***150.00

DOCUMENT # G43662

1. Entity Name
BRASHER COMMERCIAL CONSULTANTS, INC.



Principal Place of Business
**8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655**

Mailing Address
**8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US**

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2. Principal Place of Business - No P.O. Box #
8020 OLD COUNTY Rd. 54

3. Mailing Address
8020 OLD COUNTY Rd 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State
New Port Richey FL

City & State
New Port Richey FL

4. FEI Number
59-2299451

Applied For
Not Applicable

Zip
34653

Country
USA

Zip
34653

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRASHER, C JOHN
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655**
**8020 OLD COUNTY Rd 54
NEW PORT RICHEY, FL
34653**

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 accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRASHER, C JOHN
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAME
SAME
8020 OLD COUNTY Rd 54
NEW PORT RICHEY, FL 34653**

☒ Change ☐ Addition

TITLE
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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 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:

**C. John Brasher,
President**

1/10/07 727-375-7775
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR