


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G53924		
1. Entity Name BRASWELL'S HERITAGE ESTATES, INC.		
Principal Place of Business % CB MYERS 2902 BRUCE LANE SEBRING, FL 33870	Mailing Address % CB MYERS 2902 BRUCE LANE SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE		02202006 No Chg-P CRZE034 (11/05)
		4. FEI Number 59-2315443
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MYERS, C. B. 130 EAST CENTRAL AVE. LAKE WALES, FL 33853		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 the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BRASWELL, PHIL E 1116 HARVEST MILL CT. RALEIGH, NC	DO NOT WRITE IN THIS SPACE U000000496622 04/13/06-80044-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO BRASWELL, LINDA R 1116 HARVEST MILL CT. RALEIGH, NC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRASWELL, BRUCE H 2902 BRUCE LANE SEBRING, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRASWELL, RHONDA S 2902 BRUCE LANE SEBRING, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u>Rhonda Braswell, Treas</u> <u>Rhonda Braswell, Treas</u>		03/28/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>