



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G53924</b>						
1. Entity Name <b>BRASWELL'S HERITAGE ESTATES, INC.</b>						
Principal Place of Business <b>% CB MYERS 2902 BRUCE LANE SEBRING, FL 33870</b>	Mailing Address <b>% CB MYERS 2902 BRUCE LANE SEBRING, FL 33870</b>	  02212007    No Chg-P    CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number <b>59-2315443</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-2315443</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>MYERS, C. B. 130 EAST CENTRAL AVE. LAKE WALES, FL 33853</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRASWELL, PHIL E 1116 HARVEST MILL CT. RALEIGH, NC	  <b>U00000650085 03/07/07-80077-020 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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> <b>RHONDA BRASWELL, TREAS</b> 02-21-07    863-385-7034 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						