

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 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



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2315443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000877671
04/14/08-80023-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRASWELL, PHIL E
STREET ADDRESS 1116 HARVEST MILL CT.
CITY-ST- ZIP RALEIGH, NC

TITLE VD
NAME BRASWELL, LINDA R
STREET ADDRESS 1116 HARVEST MILL CT.
CITY-ST- ZIP RALEIGH, NC

TITLE SD
NAME BRASWELL, BRUCE H
STREET ADDRESS 2902 BRUCE LANE
CITY-ST- ZIP SEBRING, FL

TITLE TD
NAME BRASWELL, RHONDA S
STREET ADDRESS 2902 BRUCE LANE
CITY-ST- ZIP SEBRING, FL

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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IN THIS SPACE**

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: *Rhonda Braswell Treas* **RHONDA BRASWELL TREAS** **03/31/08** **863-385-7034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #