2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# H69484

Entity Name: LEWIS BROTHERS, INC.

Current Principal Place of Business:

10481 SW 60TH TERR
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

10481 SW 60TH TERR
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2579362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, CONNIE
10481 SW 60TH TERR
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, CONNIE
Address: 10481 S.W. 60TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: VP ( ) Delete
Name: LEWIS, PRISCILLA
Address: 10481 SW 60TH TERR.
City-St-Zip: BUSHNELL, FL 33513

Title: T ( ) Delete
Name: LEWIS, GLADYS
Address: 1581 CONGRESS ST.
City-St-Zip: LAKE CITY, FL 32056

Title: SD ( ) Delete
Name: BAUER, EMMA
Address: 8442 C.R. 643
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete
Name: GEORGE, ELVIRA
Address: 1240 LAKE JEFFREY ROAD
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete
Name: CHANDLER, DARRELL
Address: 3061 N COUNTY RD 407
City-St-Zip: LAKE PANASOFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRISCILLA LEWIS VP 01/15/2009

Electronic Signature of Signing Officer or Director Date