

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K17390

1. Entity Name
STEPHEN M. BREWER, P.A.



Principal Place of Business
**1209 SOUTH WASHINGTON AVE.
TITUSVILLE, FL 32780**

Mailing Address
**1209 SOUTH WASHINGTON AVE.
TITUSVILLE, FL 32780**

DO NOT WRITE IN THIS SPACE



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2887110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREWER, STEPHEN M.
1209 SOUTH WASHINGTON AVE.
TITUSVILLE, FL 32780**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000169349
08/12/04-80005-011 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D BREWER, STEPHEN M. 1209 S. WASHINGTON AVE. TITUSVILLE, FL
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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 exemption stated in Section 19.07(3)(i), 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: Stephen M. Brewer 8/09/04 321.269-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #