# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2008**
**Secretary of State**

DOCUMENT# N04000007980

**Entity Name:** B.R.A.S.H., INC.

**Current Principal Place of Business:**

910 S. 14TH ST.
FERNANDINA BCH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

910 S. 14TH ST.
FERNANDINA BCH, FL 32034

**New Mailing Address:**

**FEI Number: 20-1385632** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARE, GERRY
22 SECRET COVE CT.
FERNANDINA BCH, FL 32034 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CLARE, GERRY
Address: 22 SECRET COVE ST.
City-St-Zip: FERNANDINA BCH, FL 32034

Title: STD ( ) Delete
Name: MILLER, MARY
Address: 13 ZACHARY CT.
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete
Name: KERR, CAROL
Address: 2702 W THIRD
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D ( ) Delete
Name: WILLIAMS, LARRY
Address: 2754 EASTWIND
City-St-Zip: FERNANDINA BCH, FL 32034

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERRY CLARE PD 03/06/2008

Electronic Signature of Signing Officer or Director — Date