

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000085913

1. Entity Name
BRAUSTI, INC.



Principal Place of Business
4335 FLORIDA TOWN RD.
PACE, FL 32571

Mailing Address
4335 FLORIDA TOWN RD.
PACE, FL 32571

FILED
May 01, 2006 08:00 AM
Secretary of State



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3707437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREWS, EVERETT D
4335 FLORIDA TOWN RD.
PACE, FL 32571

**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 Agents signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U10000549358
05/13/06-80017-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
ANDREWS, EVERETT D
5466 W SPENCERFIELD ROAD
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
ANDREWS, DELAINE
5466 W SPENCEFIELD RD
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Delaine Andrews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 880-994-9911

Date

Daytime Phone #