


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90248 050 ***150.00

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| DOCUMENT # P00000088840 |  |
| 1. Entity Name BREXSON LAND PARTNERS, INC. | |

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| Principal Place of Business 5920 WESTPORT LANE NAPLES, FL 34116 | Mailing Address 5920 WESTPORT LANE NAPLES, FL 34116 |
|---|---|

54030601



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| 2. Principal Place of Business 3380 29th Ave SW | 3. Mailing Address PO Box 990700 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02202004 Chg-P CR2E034 (10/03)

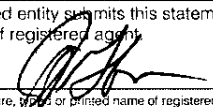
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|-----------------------------------|-----------------------------------|
| City & State Naples, FL | City & State Naples, FL |
| Zip 34117 | Zip 34116 |
| Country USA | Country USA |

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| 4. FEI Number 65-1061585 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GIBSON, JEFFREY 5920 WESTPORT LANE NAPLES, FL 34116 | |
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| 7. Name and Address of New Registered Agent Name GIBSON, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3380 29th Ave SW City Naples FL Zip Code 34117 | |
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| 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  | DATE 2/20/04 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRADLEY, WILLIAM 2 BRAMBLEWOOD POINT NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GIBSON, JEFFREY T 5920 WEST PORT LANE NAPLES, FL 34116 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Jeffrey Gibson 3380 29th Ave SW Naples, FL 34117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  | DATE 2/20/04 DAYTIME PHONE # 239 348 2900 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |