


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90095 049 ***150.00

DOCUMENT # P00000091703		
1. Entity Name BRASHER PROPERTIES, INC.		

Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box # 8020 OLD COUNTY Rd 54	3. Mailing Address 8020 OLD COUNTY Rd 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.

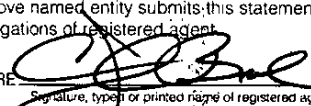
City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL
Zip 34653	Zip 34653
Country USA	Country USA



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3678085		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRASHER, C. JOHN 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

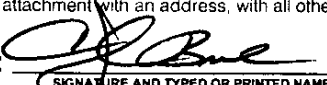
SIGNATURE:  **C. John Brasher, President** DATE: **1/11/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PS BRASHER, C. JOHN SAME 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8020 OLD COUNTY Rd. 54 NEW PORT RICHEY, FL 34653
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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:  **C. John Brasher, President** DATE: **1/11/07** Daytime Phone #: **727-375-7725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR