## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P00000105570 1. Entity Name 01-29-2007 90061 043 \*\*\*150.00 BREWER CONSTRUCTION OF FLORIDA, INC. Principal Place of Business Mailing Address 1412 SE 8 AVE. 1412 SE 8 AVE. OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1404 SE 8 AVE 1404 SE 8 AVE Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01052007 OKF ECHOB OKEECHOBEE. FL City & State 4. FEI Number Applied For *34914* 65-1054322 Not Applicable \$8.75 Additional Certificate of Status Desired OKEECHOBEE OKF EC Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWER, HENRY J Street Address (P.O. Box Number is Not Acceptable) 1412 SE 8 AVE. OKEECHOBEE, FL 34974 City Zio 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 Change Change Addition TITL F TITLE ☐ Delete BREWER. HENRY J. BREWER, HENRY J NAME NAME 1404 SE 8 AVENUE STREET ADDRÈSS 1412 SE.8 AVE. STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP C#1Y-S1-7/P OKEECHOBEE, FL 34974 Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Jan 29, 2007 8:00 am