


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90034 009 \*\*\*150.00

<b>DOCUMENT # P00000105570</b> 1. Entity Name <b>BREWER CONSTRUCTION OF FLORIDA, INC.</b>																													
Principal Place of Business <b>1404 SE 8TH AVE. OKEECHOBEE FL 34974</b>			Mailing Address <b>1404 SE 8TH AVE. OKEECHOBEE FL 34974</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1054322</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/07)																									
6. Name and Address of Current Registered Agent  <b>BREWER, HENRY J 1412 SE 8 AVE. OKEECHOBEE FL 34974</b>			7. Name and Address of New Registered Agent Name <b>HENRY J. BREWER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1404 SE 8 Avenue</b> City <b>OKEECHOBEE</b> FL      Zip Code <b>34974</b>																										
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 <u><i>Henry J Brewer</i></u> DATE <u><b>1-28-08</b></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BREWER, HENRY J</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1404 SE 8TH AVE.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OKEECHOBEE FL 34974</b></td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	<b>BREWER, HENRY J</b>		STREET ADDRESS	<b>1404 SE 8TH AVE.</b>		CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>HENRY J. BREWER</i></u> <u><i>Henry J Brewer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><b>1-28-08</b></u> (263-467-2839) <small>Date      Daytime Phone</small>																										