



FILED
Feb 25, 2008 8:00 am
Secretary of State

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DOCUMENT # P01000083285						Secretary of State	
1. Entity Name WILLIAM BREWER CONSTRUCTION, INC.				02-25-2008 90066 045 ***150.00			
Principal Place of Business 3021 EAGLE DRIVE DELRAY BEACH, FL 33444		Mailing Address 3021 EAGLE DRIVE DELRAY BEACH, FL 33444				400000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122008 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Number 65-1134817		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHONE, LARRY T. 151 NW FIEST AVE DELRAY BEACH, FL 33444				Name SCHONE, LARRY T.			
				Street Address (P.O. Box Number is Not Acceptable)			
				151 N.W FIRST AVE			
				City DELRAY BEACH	FL	Zip Code 33444	
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) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BREWER, WILLIAM 3021 EAGLE DRIVE DELRAY BEACH, FL 33444 <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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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: <u>William H Brewer</u>				Date: <u>2-20-08</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			