2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000084244 **DOCUMENT #**

1. Entity Name



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90220 009 ***150.00

BRASWELL AND ALMOND, INC.							01 10 2 000	, , , , , , , , , , , , , , , , , , ,			
Principal Place of Business 267.6542 HYPOLUXO RD LAKE WORTH FL 33467 Mailing Address 267.6542 HYPOLUXO RD LAKE WORTH FL 33467 LAKE WORTH FL 33467											
2. Principal Pla	ace of Business	3. Mail	3. Mailing Address				A LONGINO DE TANTO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANION DEL COMPAN	II OBIAI COIOE IA	AII Bario (Boar) ¹	GIBLE BIEF 1861	
Suite, Apt. #	ŧ, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE I	F MAKING (CHANGES		
City & State		City	City & State				4. FEI Number 65-1134096			oplied For ot Applicable	
Zip	Country	Zip	Zip Countr				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registere	ed Agent				7. Name and Address of New Ro	egistered A	jent		1
					Name				-		1
ALMOND,						Street Address (P.O. Box Number is Not Acceptable)					
8089 ALLS											1
BOYNION	I BEACH FL 33437				City			FL	Zip Cod	ie	
	named entity submits this statement	for the service	and of abancing its	ragiotore	nd office or re		Lagent, or both, in the State of Flo	rida. Lam fa	<u>.l</u> miliar with.	and accept	-
The above the obligation	named entity submits this statement one of registered agent.	tor the purp	oose of changing its	siegistere	ed Office Of Te	sgistored	ragent, or both, in the blace of the				
∎SIGNATURE _	Signature, typed or printed name of registered age	nt and title if app	olicable (NO1	TE: Registere	d Agent signature	required wh	hen reinstating)	DATE			
FI	LE NOW!!! FEE IS \$150.00						9. Election Campaign Fin	ancino	ee t	OO May Be	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department) of State					Trust Fund Contribution			d to Fees	
10.	OFFICERS AN		DRS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11]
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NAME	ALMOND, JOHN			NAM	1						1 -
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12. Thereby	certify that the information supplied w	viin ens illin	y does not quality t	L my ciano	ompuon siait	ua tha es	ame legal effect as if made under	nath that La	m an office	er or director	-1

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: