


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90020 033 ***150.00

DOCUMENT # P01000110373
 1. Entity Name
BRUMAL, INC.



Principal Place of Business
 1318 LAFAYETTE STREET
 CAPE CORAL, FL 33904

Mailing Address
 1318 LAFAYETTE STREET
 CAPE CORAL, FL 33904

0000018



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, CHARLES
 1318 LAFAYETTE ST
 CAPE CORAL, FL 33904

5326 BAYVIEW CT
 CAPE CORAL FL 33904

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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 Charles J. Sloan DATE 4/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPES, MALCOLM J 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAGLE, BRUCE 1318 LAFAYETTE ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas W Hill TOM HILL 4/5/05 239 549 2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #