2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000086923 1. Entity Name					Feb 23, 2004 08:00 AM Secretary of State			
BREWST	ERS INC.							
Principal Plac	ce of Business	Mailing Address		1				
14003-2 BEACH BLVD. JACKSONVILLE, FL 32250		1515 4TH ST. NEPTUNE BEACH						
JACKSON	ALLE, FL 32200	NEPTUNE BEACH FL	<u>32</u> 200			nove didin manda idalah	1811# cp#### #	****** ** >000
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite Apt. #, etc.						
<u> </u>					MOORE	CR2E034	(11/03)	
City & State		City & State		1	4. FEI Number 16-16216	54	! -	plied For at Applicable
Zıp	Country	Zip	Country		5. Certificate of Status Desire	d []	\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent		1	7. Name and Address of Ne	w Registered	<u></u>	
Disc	Name	Street Address (P.O. Box Number is Not Acceptable)						
BURTON, DAVID C 3875 SOUTH SAN PABLO							Street A	
121 JAC	CKSONVILLE FL 32224							
j			City	City FL Zip C			Zip Cod	9
8. The above	a named entity submits this statement for clions of registered agent.	the purpose of changing its	s registered office or	r registere	d agent, or both, in the State of	Florida, I am	familiar with.	and accept
	·			•				
SIGNATURE	Signature, typed or printed name of registered agent a	nd site it applicable (NO	TE Registered Agent a gnat	nte tedakeg #	www.reinstating)	DATE		
•	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00				9. Election Campaign	Financing	\$5.0	O May Be
	k Payable to Florida Department of	State			Trust Fund Contrib	stion. (to Fees
10.	OFFICERS AND I		11.	γ	ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE NAME	BURTON, DAVID C	☐ Delete	TITLE NAME		ומסססססמו	3420	Change	☐ Addition
SIREET ADDRESS City-SI-Zip	3875 SOUTH SAN PABLO #1210 JACKSONVILLE FL 32224		STREET ADDRESS CHTY-ST-ZIP		02/23/04-8	วังธ์เ–็ดเด	150.00	
TITLE	TACKSONVILLE TE SZZZ4	☐ Delete	Title	 			☐ Change	Addition
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP					
THLE		☐ Delete	TISLE			 	Change	Addition
NAME STREET ADDRESS			HAME STREET ADDRESS					
CSTY-ST-ZIP			Crty-ST-ZIP					
TITLE NAME		☐ Dolete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CHY-SI-ZIP			CITY-ST-ZP		·			
TREE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET AUDRESS			STREET ADDRESS					
CITY-ST-ZIP			GITY-SI-ZIP				C) Change	
NAME		☐ Defete	TRILE NAME				☐ Change	日熱電
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	certify that the information supplied with	this fixing does not must be to	CITY-ST-ZIP	ed in Spot	tion 110 07/34th Florida Stabut	e I further co	tilu that the ir	domation
indicated of the cor changed	certify that the information supplied with in this report or supplemental report is repotation or the receiver or trustee emport, or on an attachment with an address, w	wered to execute this report with all other like empowered	my signature shall he t as required by Cha	ave the sa opter 607,	Ton Ton Ton Ton Ton Ton Ton Ton	er oath, that the ame appears i	am an officer n Block 10 or	or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-01

(904) 223-9850

FILED