## **FILED** May 09, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000086923  1. Entity Name BREWSTERS INC.							05-09-2005	90298 012 ***150	0.00	
Principal Place	of Rusiness	Mailing Address							1167	
14003-2 BEACH BLVD. JACKSONVILLE,, FL 32250		1515 4TH ST. NEPTUNE BEACH NEPTUNE BEACH, FL 32266				4 18 2 11 8 2 1 11	enia mai: Abrii 2013 Bari			
2. Principal Pla	ace of Business	3. Mailing Address								
						T INTINEDI SII BRISH KIRIN WERIY BRISH BRISH BRISH CAICA GRAD (1710 67950 177720) II 1800.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05042005	Chg-P	CR2E034 (10/03)		
City & State		City & State			·	4. FEI Numbe 16-1621		<del>  </del>	plied For at Applicable	
Zip	Country	Zip	Zip Countr			5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New R	Registered Agent		
CMITH ALIDDEV M					Anita Nickola					
SMITH, AUBREY M 1515 4TH STREET					Street Address (P.O. Box Number is Not Acceptable)					
NEPTUNE BEACH, FL 32266				14003-2 Beach Blvd						
				City	City FI Zip Code					
	named entity submits this statement t	for the purpose of changing its	registere	ed office or		ed agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE_	ons of registered agent.  Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE	:: Registered	d Agent signatu	ke ledniked	tnita /	Vickola	DATE SIL	05-	
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fina Trust Fund Contribution				icing	<b>\$5.</b> Adde	00 May Be ed to Fees	In accordance v	with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
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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. Ante Wickola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

51105 (904)223-9850