

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 044 ***150.00

DOCUMENT # P03000032256

1. Entity Name
BRASHER INVESTMENTS, INC.



Principal Place of Business
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US

Mailing Address
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US

2. Principal Place of Business - No P.O. Box #
8020 OLD COUNTY RD. 54

3. Mailing Address
8020 OLD COUNTY RD. 54

Suite, Apt. #, etc.

City & State
New Port Richey, FL

Zip
34653

Country
USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number
36-4548059

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHER, C. JOHN
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name
(same) C. John BRASHER

Street Address (P.O. Box Number is Not Acceptable)
8020 OLD COUNTY RD. 54

City
New Port Richey

FL

Zip Code
34653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
PS

NAME
BRASHER, C. JOHN

STREET ADDRESS
8801 RIVER CROSSING BLVD

CITY-ST-ZIP
NEW PORT RICHEY, FL 34655

☐ Delete

TITLE
NAME

STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
SAME

NAME
SAME

STREET ADDRESS
8020 OLD COUNTY RD. 54

CITY-ST-ZIP
NEW PORT RICHEY, FL 34653

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

C. John Brasher,
President

1/10/07
Date

727-375-7775
Daytime Phone #