

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 019 ***150.00

DOCUMENT # P03000038054

1. Entity Name
BREWTON MANAGEMENT CORPORATION



Principal Place of Business
**5111 MARY ST
MILTON, FL 32570**

Mailing Address
**P. O. BOX 3887
MILTON, FL 32572**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007

Chg-P

CR2E034 (12/06)

4. FEI Number

14-1877802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BREWTON, ALFRED
6033 BRECKENRIDGE
MILTON, FL 32570**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
BREWTON, JEFFERY SR
7015 LAKE WILLOW DR
NEW ORLEANS, LA 70126**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BREWTON, ALFRED
6033 BRECKENRIDGE
MILTON, FL 32570**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BREWTON, ALFRED D
6033 BRECKENRIDGE DR
MILTON, FL 32570**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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: *Alfred D. Brewton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

(850) 626-0219

Daytime Phone #