2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000025181

1. Entity Name

BRETT MCPHERSON, INC.

Principal Place of Business

650 CYPRESS DR MERRITT ISLAND, FL 32952



FILED Aug 20, 2007 08:00 AM Secretary of State

Mailing Address

2060 SCHOONER DR MERRITT ISLAND, FL 32952



08132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0860285

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCPHERSON, BRETT 2060 SCHOONER DR MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titl	ie if applicable. (NOTE: Registered a	Agent signatur	required when reinstating)	DATE
FILE NOWIN FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Final Trust Fund Contribution.			ing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCPHERSON, BRETT 2060 SCHOONER DR MERRITT ISLAND, FL 32952			U00000772402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					08/20/07-80002-009 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 ceth; 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.

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STREET ADDRESS CITY-ST-ZIP

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