

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90014 014 \*\*\*150.00

**DOCUMENT # P04000069794**

1. Entity Name  
1357, INC.



Principal Place of Business  
4155 ST. JOHNS PARKWAY  
#2000  
SANFORD, FL 32771 US

Mailing Address  
4155 ST. JOHNS PARKWAY  
#2000  
SANFORD, FL 32771 US

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
41-2135472

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BREWER, DAVID B  
4155 ST. JOHNS PARKWAY  
#2000  
SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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	P/D BREWER, DAVID B 4155 ST. JOHNS PARKWAY, #2000 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S BREWER, DAVID B 4155 ST. JOHNS PARKWAY, #2000 SANFORD, FL 32771
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IN THIS SPACE**

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 supplied with this 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 affidavit with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06 407-330-9901