2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151186

1. Entity Name

BREWSTER KUMP ENTERPRISE, INC.

Principal Place of Business
163 MAGNOLIA WAY
TEQUESTA FL 33469

Mailing Address
163 MAGNOLIA WAY
TEQUESTA FL 33469

1st MOORE GR2E034 (10/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 20-1830973 | Applied For | Not Applied

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

6. Name and Address of Current Registered Agent

KUMP, FERDINAND B
163 MAGNOLIA WAY
TEQUESTA FL 33469

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 acc the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	KUMP, FERDINAND B	163 MAGNOLIA WAY	TEQUESTA FL 33469	☐ Delete
D	SPEE, CINDY C	163 MAGNOLIA WAY	TEQUESTA FL 33469	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	U00000524269 05/03/06-80107-004 150.00			☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informati 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brewster Kump 4/19/06 561 310 9977