


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90300 028 ***150.00

DOCUMENT # P04000168120 1. Entity Name BREWTON ENTERPRISES INC.					
Principal Place of Business 7520 NOKOMIS STREET PENSACOLA, FL 32526			Mailing Address 7520 NOKOMIS STREET PENSACOLA, FL 32526		
2. Principal Place of Business 371 CRESTFIELD CR Suite, Apt. #, etc.		3. Mailing Address 371 CRESTFIELD CR. Suite, Apt. #, etc.			
City & State CANTONMENT, FL		City & State CANTONMENT, FL		4. FEI Number 72-1590249	
Zip 32533		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWTON, TY 7520 NOKOMIS STREET PENSACOLA, FL 32526				7. Name and Address of New Registered Agent Name BREWTON, TY Street Address (P.O. Box Number is Not Acceptable) 371 CRESTFIELD CR. City CANTONMENT FL Zip Code 32533	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BREWTON, TY 7520 NOKOMIS STREET PENSACOLA, FL 32526		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BREWTON, TY 371 CRESTFIELD CR. CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BREWTON, ANGELA 7520 NOKOMIS STREET PENSACOLA, FL 32526		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BREWTON, ANGELA 371 CRESTFIELD CR. CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/13/05 850-712-8805 <small>Date Daytime Phone #</small>		