

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033369

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: BRAITHWAITE AND CASTOR INC.

## Current Principal Place of Business:

633 MARISOL DR.  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

409 MARY AVE  
NEW SMYRNA BEACH, FL 32168

## Current Mailing Address:

633 MARISOL DR.  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

FEI Number: 84-1704461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRAITHWAITE, JOYCE C  
633 MARISOL DR.  
NEW SMYRNA BEACH, FL 32168      US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRAITHWAITE, JOYCE C  
Address: 633 MARISOL DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete  
Name: BRAITHWAITE, RICHARD L  
Address: 633 MARISOL DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete  
Name: CASTOR, RICHARD G  
Address: 2051 PIONEER TRAIL #41  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE BRAITHWAITE

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date