

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 038 ***150.00

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1. Entity Name

DELAND BRASS RAIL INC



Principal Place of Business

4485 HIGHWAY 17 N
DELAND FL 32720

Mailing Address

4485 HIGHWAY 17 N
DELAND FL 32720

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

190 Spring Garden Ranch Rd

De Leon Springs, Fla

32130



1st MOORE

CR2E034 (10/07)

4. FEI Number

20-5058580

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, THOMAS
4485 HIGHWAY 17 N
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

BARRETT, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

190 SPRING GARDEN RANCH RD.

City

DELEON SPRINGS

FL

Zip Code

32130

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

Thomas Barrett

(THOMAS BARRETT)

3/12/08

Signature, typed or printed name of registered agent and date. If applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARRETT, THOMAS
STREET ADDRESS 4485 HIGHWAY 17 N
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE S/T
NAME BARRETT, JOY
STREET ADDRESS 4485 HIGHWAY 17 N
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BARRETT, THOMAS
STREET ADDRESS 190 SPRING GARDEN RANCH RD.
CITY-ST-ZIP DELEON SPRINGS, FLA 32130

TITLE S/T ☒ Change ☐ Addition
NAME BARRETT, JOY
STREET ADDRESS 190 SPRING GARDEN RANCH RD.
CITY-ST-ZIP DELEON SPRINGS, FLA 32130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Thomas Barrett (THOMAS BARRETT)

3/12/08

386-985-9491

AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

OR DIRECTOR

Date

Daytime Phone #