2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000034025

1. Entity Name

EVERETT BROTHERS ENGINEERING, INC.



FILED Feb 12, 2008 8:00 am Secretary of State

02-12-2008 90022 001 ***150.00

Principal Place of Business

722 ROISSITER ST MOUNT DORA, FL 32757 Mailing Address

713 S ORANGE AVE SARASOTA, FL 34236

US



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3243282

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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DO NOT WRITE IN THIS SPACE

MERCURIO, JOHN 713 S. ORANGE AVE. SARASOTA, FL 34236

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 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE PST	ing the state of t
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS	l accept
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS	
TITLE PST	- 4 7 -
NAME EVERETT, BRIAN STREET ADDRESS 3150 LAUGHLIN RD CITY-ST-ZIP ZELLWOOD, FL 32798 TITLE V NAME EVERETT, BERNARD STREET ADDRESS 3150 LAUGHLIN RD	
CITY-ST-ZIP ZELLWOOD, FL 32798	i ka i pa
TITLE V NAME KELEMEN, LOUIS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32727 TITLE V NAME KELEMEN, LOUIS P.O. BOX 1687 EUSTIS, FL 32727	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	

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 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 trystee 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #