

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 004 ***150.00

DOCUMENT # P94000075945

1. Entity Name
BRANDYWINE PLAZA, INC.



Principal Place of Business
**731 VASSAR STREET
ORLANDO, FL 32804**

Mailing Address
**731 VASSAR STREET
ORLANDO, FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3272705

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMETREE, PAUL A
731 VASSAR STREET
ORLANDO, FL 32804**

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 accept 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DEMETREE, PAUL A**
STREET ADDRESS **2620 N WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO, FL 32804**

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

TITLE ☐ Delete
NAME **DEMETREE, ARTHUR J**
STREET ADDRESS **8353 GREY BARK COURT**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☒ Change ☐ Addition
NAME **371 Foxhill Drive**
STREET ADDRESS **De Bary, FL 32713**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DEMETREE, CECILIA M**
STREET ADDRESS **1227 NOTTINGHAM ST**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☒ Change ☐ Addition
NAME **2132 Mohawk Trail**
STREET ADDRESS **Maitland, FL 32751**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DEMETREE DASHER, FRANCES**
STREET ADDRESS **1425 S. SUMMERLIN AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE ☐ Delete
NAME **DEMETREE, JOHN W**
STREET ADDRESS **5857-A 21ST AVE. WEST**
CITY-ST-ZIP **BRADENTON, FL 34209**

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

TITLE ☐ Delete
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

407246 0313
Daytime Phone #