

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-29-2005 90001 027 ***150.00
P95000066169


FILED

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CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

50053974



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|---|-----------------------------------|---|--|---|--|
| DOCUMENT # P95000066169 | | | |  | |
| 1. Entity Name IDA BREWER ENTERPRISES, INC. | | | | | |
| Principal Place of Business 1821 PARENTAL HOME ROAD, SUITE 14 JACKSONVILLE, FL 32216 <i>3436 Beach Blvd</i> | | | Mailing Address P.O. BOX 5684 JACKSONVILLE, FL 32247 <i>Same as above</i> | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>Jacksonville</i> | | City & State | | 4. FEI Number 59-3331892 | |
| Zip <i>FL</i> | | Country <i>Duck</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BREWER, IDA 1821 PARENTAL HOME ROAD, SUITE 14 JACKSONVILLE, FL 32216 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| State | | | State | | |
| Zip Code | | | 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: <i>Ida Brewer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BREWER, IDA | NAME | | | |
| STREET ADDRESS | 1821 PARENTAL HOME ROAD | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL | CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BREWER, IDA | NAME | | | |
| STREET ADDRESS | 3436 Beach Blvd. | STREET ADDRESS | | | |
| CITY-ST-ZIP | Jacksonville, FL 32207 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <i>Ida Brewer</i> | | | Date: <i>6-25-2005</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |