

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90100 027 \*\*\*150.00

DOCUMENT # P96000029192

1. Corporation Name

BRANDY CREEK DEVELOPMENT CO.



DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| Principal Place of Business<br>503 N. ORLANDO AVE., STE. 105<br>COCOA BEACH FL 32931   |  | Mailing Address<br>503 N. ORLANDO AVE., STE. 105<br>COCOA BEACH FL 32931 |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |  |
| 21 Suite, Apt. #, etc.   |  | 26 Suite, Apt. #, etc.   |  |
| 22 City & State  |  | 27 City & State  |  |
| 23 Zip Country   |  | 28 Zip Country   |  |
| 24   |  | 29   |  |
| 25   |  | 30   |  |
| 3. Date Incorporated or Qualified<br>04/02/1996  |  | 4. FEI Number<br>59-3374415  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | Applied For<br>Not Applicable  |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$8.75 Additional<br>Fee Required  |  |
| 7. This corporation owes the current year Intangible<br>Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | \$5.00 May Be<br>Added to Fees   |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent                            |  | 10. Name and Address of New Registered Agent   |  |
| SHOEMAKER, JOHN B<br>503 N. ORLANDO AVE., STE. 105<br>COCOA BEACH FL 32931 |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

|   |  |   |  |      |  |
|---|--|---|--|------|--|
| SIGNATURE   |  | (NOTE: Registered Agent signature required when reinstating)                |  | DATE |  |
| Signature, typed or printed name of registered agent and title if applicable. |  |   |  |      |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 1.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 1.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 1.4 CITY-ST-ZIP   |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 2.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 2.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 2.4 CITY-ST-ZIP   |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 3.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 3.4 CITY-ST-ZIP   |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 4.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP   |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 5.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP   |  |      |  |
| TITLE <input type="checkbox"/> DELETE   |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| NAME  |  | 6.2 NAME  |  |      |  |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS  |  |      |  |
| CITY-ST-ZIP   |  | 6.4 CITY-ST-ZIP   |  |      |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)