

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 046 ***150.00

DOCUMENT # P96000029192 1. Entity Name BRANDY CREEK DEVELOPMENT CO.			
Principal Place of Business 503 N. ORLANDO AVE., STE. 105 COCOA BEACH, FL 32931		Mailing Address 503 N. ORLANDO AVE., STE. 105 COCOA BEACH, FL 32931	
2. Principal Place of Business 601 W. Colonial Dr		3. Mailing Address 601 W. Colonial Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801		Zip 32801	
Country USA		Country USA	
4. FEI Number 59-3374415		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N. ORLANDO AVE., STE. 105 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name 601 W. Colonial Dr Street Address (P.O. Box Number is Not Acceptable) City Orlando FL Zip Code 32801	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/22/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P KODSI, ALBERT 503 N. ORLANDO AVE., STE. 105 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P ALBERT KODSI 601 W. COLONIAL DR ORLANDO, FLORIDA 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, JOHN B 503 N. ORLANDO AVE., STE. 105 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V JOHN B. SHOEMAKER 601 W. COLONIAL DR ORLANDO, FLORIDA 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, ODED 4432 PARKWAY COMMERCE BLVD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VDT ODED COHEN 601 W. COLONIAL DR ORLANDO, FLORIDA 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/22/05 Daytime Phone # 407 294 7931	