

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

05-04-2005 90132 049 ***150.00

66020500



1st MOORE CR2E034 (10/04)

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # P97000007002 | | | | | |
| 1. Entity Name BRAMLITT'S, INC. | | | | | |
| Principal Place of Business 110 N.HIGHWAY 19 PALATKA FL 32177 | | | Mailing Address 110 N.HIGHWAY 19 PALATKA FL 32177 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3423417 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent BRAMLITT, DENISE 110 N.HIGHWAY 19 PALATKA FL 32177 | | | 7. Name and Address of New Registered Agent | | |
| 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 <u><i>Denise Bramlitt</i></u> | | DATE <u>4/27/05</u> | | | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when re-registering) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BRAMLITT, MICHAEL D | NAME | | | |
| STREET ADDRESS | RT. 1 BOX 163 A.B. | STREET ADDRESS | | | |
| CITY- ST- ZIP | GREEN COVE SPRINGS FL 32143 | CITY- ST- ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BRAMLITT, DENISE | NAME | | | |
| STREET ADDRESS | RT. 1 BOX 163 A.B. | STREET ADDRESS | | | |
| CITY- ST- ZIP | GREEN COVE SPRINGS FL 32143 | 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: <u><i>Denise Bramlitt</i></u> | | DATE: <u>5/31/05</u> | | 386-937-3862 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Days/Phone # | |
| <u>Denise Bramlitt</u> | | | | | |