


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000027788 |  |
| 1. Entity Name BRICK CITY ENTERPRISES, INC. | |

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|---|---|
| Principal Place of Business 114 SE FIRST STREET SUITE 9 GAINESVILLE, FL 32601 | Mailing Address 114 SE FIRST STREET SUITE 9 GAINESVILLE, FL 32601 |
|---|---|

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 59-3443996 | 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

FISHMAN, ALAN
114 SE FIRST STREET
SUITE 9
GAINESVILLE, FL 32601

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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** _____

| | | |
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| 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 | U00000230324 02/15/05-80037-019 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---------------------------|
| TITLE | D |
| NAME | SCHEEL, WILLIAM |
| STREET ADDRESS | 114 SE FIRST STREET STE 9 |
| CITY-ST-ZIP | GAINESVILLE, FL 32601 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **2/14/05 (352) 373-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #