

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2006 08:00 A
Secretary of State

DOCUMENT # P97000027788

1. Entity Name
BRICK CITY ENTERPRISES, INC.



Principal Place of Business

**114 SE FIRST STREET
SUITE 9
GAINESVILLE, FL 32601**

Mailing Address

**114 SE FIRST STREET
SUITE 9
GAINESVILLE, FL 32601**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3443996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 obligation.

SIGNATURE

WILLIAM B SCHEEL, PRESIDENT 7-11-06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000574723
08/18/06-80005-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #