

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90844 019 \*\*\*150.00

<b>DOCUMENT # P97000044071</b> 1. Entity Name <b>LEWIS BROTHERS PROPERTIES, INC.</b>					
Principal Place of Business <b>919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950</b>			Mailing Address <b>919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950</b>		
2. Principal Place of Business - No P.O. Box # <b>6101 Orange Avenue</b>		3. Mailing Address <b>6101 Orange Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Pierce, FL</b>		City & State <b>Ft. Pierce, FL</b>		4. FEI Number <b>65-0758390</b>	
Zip <b>34947</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWIS, EDWARD A SR 919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6101 Orange Avenue</b> City <b>Ft. Pierce</b> <b>FL</b> Zip Code <b>34947</b>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD LEWIS, EDWARD A SR 919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6101 Orange Avenue Ft. Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, EDWARDN A JR. 919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6101 Orange Avenue Ft. Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, THOMAS D 919 NORTH US HIGHWAY 1 FT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6101 Orange Avenue Ft. Pierce, FL 34947
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 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 like empowered.					
SIGNATURE:			4/27/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		