2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90137 002 ***150.00

DOCUMENT # P99000015465

1. Entity Name
JAMES R. BREWER, INC.

Principal Place of Business	Mailing Address
121 SWEETWATER OAKS LN DAYTONA BEACH, FL 32114	121 SWEETWATER OAKS LN DAYTONA BEACH, FL 32114

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
693 Breckenridge Drive	693 Breckenridge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: Port Orange, FL
Zip: 32127-7525 Country: USA	Zip: 32127-7525 Country: USA

4. FEI Number 65-0900493 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BREWER, JAMES R
121 SWEETWATER OAKS LN
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent
Name: Brewer James R.
Street Address (P.O. Box Number is Not Acceptable): 693 Breckenridge Drive
City: Port Orange FL Zip Code: 32127-7525

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 James R. Brewer 4/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	BREWER, JAMES R		NAME	Brewer James R.	
STREET ADDRESS	121 SWEETWATER OAKS LN		STREET ADDRESS	693 Breckenridge Drive	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	Port Orange, FL 32127-7525	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: James R. Brewer 4/6/05 (386) 451-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #