

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 121 SWEETWATER OAKS LN DAYTONA BEACH, FL 32114	Mailing Address 121 SWEETWATER OAKS LN DAYTONA BEACH, FL 32114
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2. Principal Place of Business 693 Breckenridge Drive	3. Mailing Address 693 Breckenridge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

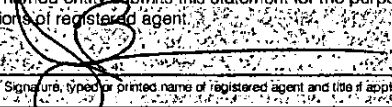
City & State Port Orange, FL	City & State Port Orange, FL
Zip 32127-7525	Zip 32127-7525
Country USA	Country USA



04062005	Chg-P	CR2E034 (10/03)
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	
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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	
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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	DATE 4/6/05 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE D	☐ Delete
NAME BREWER, JAMES R	
STREET ADDRESS 121 SWEETWATER OAKS LN	
CITY- ST- ZIP DAYTONA BEACH, FL 32114	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE D	☒ Change ☐ Addition
NAME Brewer, James R.	
STREET ADDRESS 693 Breckenridge Drive	
CITY- ST- ZIP Port Orange, FL 32127-7525	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/6/05 Daytime Phone # (386) 451-4444
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