

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90055 003 ***150.00

DOCUMENT # P99000015465					
1. Entity Name JAMES R. BREWER, INC.					
Principal Place of Business 963 BRECKENRIDGE DR PORT ORANGE, FL 32127-1525 US			Mailing Address 963 BRECKENRIDGE DR PORT ORANGE, FL 32127-1525 US		
2. Principal Place of Business <i>693 Breckenridge Dr.</i> <i>Port Orange</i> <i>FL</i>		3. Mailing Address <i>693 Breckenridge Dr.</i> <i>Port Orange, FL</i>			
4. FEI Number 65-0900493		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 BREWER, JAMES R 963 BRECKENRIDGE DR PORT ORANGE, FL 32127-7525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>693 Breckenridge Dr.</i> City <i>Port Orange</i> FL Zip Code <i>32127</i>		
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 _____ <i>2/13/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D BREWER, JAMES R <input type="checkbox"/> Delete 963 BRECKENRIDGE DR PORT ORANGE, FL 32127-7525		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>James R. Brewer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>693 Breckenridge Dr.</i> <i>Port Orange, FL 32127</i>	
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	
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: _____ <i>James R. Brewer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-13-06. (386) 679-3368 <small>Date Daytime Phone #</small>		