

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 015 ***150.00

DOCUMENT # P99000023905

1. Entity Name

SPUN BRASS, INC.



Principal Place of Business

230 POWER CRT
SANFORD FL 32771

Mailing Address

1491 NORMANDY BOULEVARD
DELTONA FL 32725

2. Principal Place of Business

230 Power Crt.

Suite, Apt. #, etc.

Ste. 100

City & State

Sanford, Fl.

Zip

32771

Country

U.S.A.

3. Mailing Address

230 Power Crt.

Suite, Apt. #, etc.

Ste. 100

City & State

Sanford, Fl.

Zip

32771

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3563289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVILES, ANDRES

~~1491 NORMANDY BLVD~~
~~DELTONA FL 32725~~

230 Power Crt.

Ste. 100

Sanford, Fl. 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete

NAME AVILES, ANDRES

STREET ADDRESS ~~1491 NORMANDY BOULEVARD~~ 230 Power Crt.

CITY-ST-ZIP ~~DELTONA FL 32725~~ Ste. 100

Sanford, Fl. 32771

TITLE V ☒ Delete

NAME AVILES, ROSA

STREET ADDRESS 1491 NORMANDY BOULEVARD

CITY-ST-ZIP DELTONA FL 32725

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 ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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.

SIGNATURE:

Andres Aviles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

(407)322-8305

Daytime Phone #