## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90550 024 \*\*\*150.00 **DOCUMENT # P99000075817** BREWER PAVING & DEVELOPMENT, INC. Principal Place of Business Mailing Address 300 MAGNOLIA AVE., STE A 300 MAGNOLIA AVE., STE A MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2 Principal Place of Business 3. Mailing Address 2755 N. Bananna River Dr. <u> 2755°N. Bananna River Dri</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3595254 Merritt Island, FI Merritt Island, FL Not Applicable Country \$8.75 Additional Zin Country Zip 5. Certificate of Status Desired USA 32952 32952 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rhonda Hinds HINDS, RHONDA Street Address (P.O. Box Number is Not Acceptable) 17595 N. Courtenay Parkway 300 MAGNOLIA AVE., STE A MERRITT ISLAND, FL 32952 #205 City Merritt Island, 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition BREWER, BILLY JOE NAME NAME STREET ADDRESS 1635 COQUINA DR. STREET ADDRESS CITY-ST-7IP MERRITT ISLAND, FL 32953 CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chande ☐ 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 Delete TITLE TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Billy Joe Brewer

FILED

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January 24.