

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001563	
1. Entity Name J.A. BREWER ENTERPRISES, INC.	

Principal Place of Business 1806 HWY 17 POMONA PARK, FL 32181	Mailing Address PO BOX 641 POMONA PARK, FL 32181
---	--

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1193038	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**LONG, WILLIAM D
2880 NEIL ROAD
APOPKA, FL 32703**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when appointing)
Signature, typed or printed name of registered agent and title if applicable. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, BEAUREGARD T 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, BARBARA R 2880 NEIL ROAD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONG, TONYA BOWEN 900 SOUTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LONG, WILLIAM D 2880 NEIL ROAD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LISA 2880 NEIL ROAD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000334878
04/27/05-80064-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Beauregard T. Long 4/21/05 386-649-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #