

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001563

Entity Name: J.A. BREWER ENTERPRISES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

1806 HWY 17
POMONA PARK, FL 32181

New Principal Place of Business:

Current Mailing Address:

PO BOX 641
POMONA PARK, FL 32181

New Mailing Address:

2849 LUST ROAD
APOPKA, FL 32703

FEI Number: 43-1193038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, WILLIAM D
2860 NEIL ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONG, BEAUREGARD T
Address: 900 SOUTH RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: LONG, BARBARA R
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL 32703

Title: STD (X) Delete
Name: LONG, TONYA BOWEN
Address: 900 SOUTH RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: CD () Delete
Name: LONG, WILLIAM D
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: HILL, LISA
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL 32703

Title: S (X) Delete
Name: HILL, LISA
Address: 2860 NELL RD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LONG, BEAUREGARD T
Address: 1601 N. ATLANTIC
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HILL, LISA
Address: 2820 NEIL ROAD
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEAUREGARD LONG

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date