


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90412 025 \*\*\*150.00

<b>DOCUMENT # 333219</b>	
1. Entity Name <b>BRASS &amp; SCHNEIDER, INC.</b>	

Principal Place of Business <b>3203 LAWTON RD STE 215 ORLANDO FL 32803 US</b>	Mailing Address <b>P.O. BOX 1420 ORLANDO FL 32802-1420 US</b>
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2. Principal Place of Business <b>27 N.W. Ivanhoe Blvd</b>	3. Mailing Address <b>P.O. Box 540263</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32804</b>	Country <b>US</b>
Zip <b>32854</b>	Country <b>US</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>SCHNEIDER, ALVIN R 3203 LAWTON RD STE 215 ORLANDO FL 32802</b>		7. Name and Address of New Registered Agent Name <b>Schneider, Alvin R</b> Street Address (P.O. Box Number is Not Acceptable) <b>27 N.W. Ivanhoe Blvd.</b> City <b>Orlando</b> FL Zip Code <b>32804</b>	
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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]* DATE **04-02-04**

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

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHNEIDER, ALVIN R 3203 LAWTON RD STE 215 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRS Schneider, Alvin R 27 N.W. Ivanhoe Blvd Orlando FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, SCOTT 3203 LAWTON RD STE 215 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Schneider, Scott 27 N.W. Ivanhoe Blvd Orlando FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDADE, EDWARD D 3203 LAWTON RD STE 215 ORLANDO FL <input checked="" 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	ST SCHNEIDER, ANNE B 3203 LAWTON RD STE 215 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Schneider, ANNE B 27 N.W. Ivanhoe Blvd Orlando FL 32804 <input checked="" 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 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: *[Signature]* DATE **04-02-04** DAYTIME PHONE # **407 894-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #