


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 036 ***158.75

DOCUMENT # P00000116125

1. Entity Name
BROTHER-IN-LAW ENTERPRISES, INC.



Principal Place of Business 4422 HWY 441 N OKEECHOBEE, FL 34972	Mailing Address 4422 HWY 441 N OKEECHOBEE, FL 34972
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44000211



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064026	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHUM, GRACE
 4422 HWY 441 N
 OKEECHOBEE, FL 34974

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHUM, STEVE 606 SW 14TH ST OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, F ALAN 2518 SW 22ND CIR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Alan Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-04 863-462-0900
 Date Daytime Phone #