


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2004 90024 049 ***150.00

DOCUMENT # P01000115146

1. Entity Name
BUILDING RENOVATORS OF FLORIDA, INC.



Principal Place of Business Mailing Address
181 W. BROADWAY **181 W. BROADWAY**
OVIEDO FL 32765 **OVIEDO FL 32765**

34026034



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
181 W. Broadway *181 W. Broadway*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oviedo, Florida *Oviedo, Florida*
 Zip Country Zip Country
32765 *USA* *32765* *USA*

4. FEI Number Applied For
01-0579227 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOTT, LORI
225 WEST STATE ROAD 46
GENEVA FL 32732

7. Name and Address of New Registered Agent
 Name *Thomas P Mott*
 Street Address (P.O. Box Number is Not Acceptable)
181 West Broadway
Oviedo
 City *Oviedo* FL Zip Code *32765*

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	VD MOTT, THOMAS P 225 WEST STATE ROAD 46 GENEVA FL 32732 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTT, LORI 225 WEST STATE ROAD 46 GENEVA FL 32732 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAZER, GRANT 1355 MAIN STREET OCONTO WS 54153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAZER, PATRICIA 1355 MAIN STREET OCONTO WS 54153 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mott, Thomas P. 909 Cass Avenue Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shazer, Grant 1355 Main Street Oconto, WI 54153 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shazer, Patricia 1355 Main Street Oconto, WI 54153 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR