

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040359

FILED  
Feb 01, 2004  
Secretary of State

Entity Name: BROTHER'S A/C & CONTROLS, INC.

**Current Principal Place of Business:**

2307 BRUNNER LN #6  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61848  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 04-3641578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARVEY, BRUCE D  
4613 SE 5TH AVE #208  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

HARVEY, BRUCE D  
1693 EDITH ESPLANADE  
CAPE CORAL, FL 33904 US

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: BRUCE D. HARVEY

02/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: HARVEY, BRUCE D  
Address: 4613 SE 5TH AVE #208  
City-St-Zip: CAPE CORAL, FL 33904

Title: V ( ) Delete  
Name: HARVEY, MARK  
Address: 4613 SE 5TH AVE #208  
City-St-Zip: CAPE CORAL, FL 33904

Title: VT ( ) Delete  
Name: HARVEY, ALLEN  
Address: 4613 SE 5TH AVE #208  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: HARVEY, BRUCE D  
Address: 1693 EDITH ESPLANADE  
City-St-Zip: CAPE CORAL, FL 33904

Title: V (X) Change ( ) Addition  
Name: HARVEY, MARK  
Address: 1693 EDITH ESPLANADE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VT (X) Change ( ) Addition  
Name: HARVEY, ALLEN  
Address: 1693 EDITH ESPLANADE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE D. HARVEY

PSD

02/01/2004

Electronic Signature of Signing Officer or Director

Date