
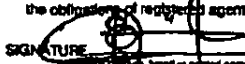
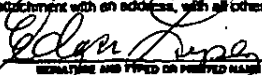


FILED
Sep 14, 2005 8:00 am
Secretary of State

07-11-2005 90199 024 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400025264			
1. Entity Name E & E BROS., INC.			
Principal Place of Business 960 N. FRANKLIN AVE., #1 HOMESTEAD, FL 33034		Mailing Address 960 N. FRANKLIN AVE., #1 HOMESTEAD, FL 33034	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address 222 N. Rossiter St.	
City & State MT. DORA FL		City & State FL	
Zip 32757	Country U.S.A.	Zip	Country
4. FEI Number 47-0937279		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTANEZ, ALICE 960 N. FRANKLIN AVE., #1 HOMESTEAD, FL 33034		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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 		DATE 07-05-05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees. In accordance with s. 007.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LOPEZ, EDGAR	222 N. ROSSITER 960 N. FRANKLIN AVE., #1 HOMESTEAD, FL 33034	Mount Dora, FL
V	LOPEZ, EDWIN	1008 LIBERTY AVE.	MT. DORA, FL 32757
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	E & E BROS. INC.	960 N. FRANKLIN AVE. #1 (IGNORE)	HOMESTEAD FL
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: 		DATE: 9/9/05	