



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 011 ***150.00

DOCUMENT # 454305			
1. Entity Name BREVARD PIPE CLEANING, INC.		Principal Place of Business 245 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953	
2. Principal Place of Business		Mailing Address 245 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953	
Suite, Apt. #, etc.		3. Mailing Address 335 S. Plumosa St	
City & State		Suite, Apt. #, etc. Suite F	
Zip		City & State Merritt Island, FL	
Country		Zip 32952	
Country		Country	
6. Name and Address of Current Registered Agent HAMILTON, JOSEPH B. 1470 ANGLER STREET MERRITT ISLAND, FL 32952		4. FEJ Number 59-1537276	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Due by September 8, 2004.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, JOSEPH B. 1470 ANGLER AVE. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 5-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 321-452-2778	