



FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90024 034 ***150.00

DOCUMENT # 548517				03-24-2005 90024 034 ***150.00	
1. Entity Name JAMES P. BRUSSEE BUILDING CONTRACTOR, INC.					
Principal Place of Business 2511 59TH ST SARASOTA, FL 34243 US		Mailing Address 2511 59TH ST SARASOTA, FL 34243 US			
2. Principal Place of Business 2804 411th St. E.		3. Mailing Address 2804 411th St. E.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012005 Chg-P CR2E034 (10/03)	
City & State Myakka City, FL		City & State Myakka City, FL		4. FEI Number 59-1768267	
Zip 34251		Country U.S.		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 BRUSSEE, JAMES P 2511 59TH ST SARASOTA, FL 34243				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD <input type="checkbox"/> Delete BRUSSEE, JAMES P. 2511 59TH ST SARASOTA, FL 34243			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS <input type="checkbox"/> Delete BRUSSEE, SHARON J 2511 59TH ST. SARASOTA, FL 34243			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2804 411th St. E. Myakka City, FL 34251			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2804 411th St. E. Myakka City, FL 34251			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Sharon J. Brussee SHARON J. BRUSSEE 3-21-05 941-322-1503 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					