


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00-AM
Secretary of State

DOCUMENT # 631895 1. Entity Name J.P. BRETT & SONS, INC.	
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Principal Place of Business 1955 ELSA ST. NAPLES, FL 34109 US	Mailing Address 1955 ELSA ST. NAPLES, FL 34109 US
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01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1934299	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRETT, DANIEL J. 880 WILSON BLVD NORTH NAPLES, FL NAPLES, FL 34120
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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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	PT BRETT, DANIEL 880 WILSON BLVD NO NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRETT, DEBRA 880 WILSON BLVD NO NAPLES, FL
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01/26/04-80012-024 158.75

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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: Daniel J. Brett - DANIEL BRETT - 1/22/04 239 5663633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #