2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 650818

1. Entity Name
BRHD, INCORPORATED

Principal Place of Business	Mailing Address
980 TYRONE BLVD. ST. PETERSBURG, FL 33710	980 TYRONE BLVD. ST. PETERSBURG, FL 33710

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1961305
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RESIDENT AGENT CORP. OF PINELLAS COUNTY
980 TYRONE BLVD
ST PETERSBURG, FL 33710

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ROSS, HOWARD P
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	DCFO
NAME	BATTAGLIA, ANTHONY S
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	DPCE
NAME	DICUS, AUBREY O JR
STREET ADDRESS	980 TYRONE BLVD.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	DVT
NAME	WEIN, STEPHEN J
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	DS
NAME	CRABB, KELLI H
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	AS
NAME	BATTAGLIA, BRIAN P
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

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03/31/05-80001-007 150.00

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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: _____ Anthony S. Battaglia, D 1-3-05 727-381-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #