



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90017 016 ***158.75

DOCUMENT # F02000002271 1. Entity Name N235BR, INC.					
Principal Place of Business 429 S. TYNDALL PKWAY, SUITE 5 PANAMA CITY, FL 32404			Mailing Address 429 S. TYNDALL PKWAY, SUITE 5 PANAMA CITY, FL 32404		
2. Principal Place of Business Suite: Apt. #, etc. Suite 5 City & State Zip Country			3. Mailing Address Suite: Apt. #, etc. Suite 5 City & State Zip Country		
4. FEI Number 59-3759679			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			01282004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent HARE, DIANE C C.P.A. 3003 S HWY 77, SUITE A LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name Diane C. Hare CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Ave. City Panama City FL Zip Code 32405		
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 reinstalling) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLACK, JAMES A III 429 S TYNDALL PKWY, STE 5 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 429 S. Tyndall Parkway Ste. 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSHE, RANDALL G 429 S TYNDALL PKWY, STE 5 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALLOWAY, DAVID L 429 S TYNDALL PKWY, STE 5 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 			JAMES A. BLACK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 30 JAN 04 Daytime Phone 850-914-0002		