

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90063 001 ***300.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number **05-0573618** Applied For
Not Applicable

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

DOCUMENT # F03000003974

1. Entity Name
B&R FOUNTAINS MANAGER, INC.



Principal Place of Business
**11140 ROCKVILLE PIKE, SUITE 620
ROCKVILLE, MD 20852**

Mailing Address
**11140 ROCKVILLE PIKE, SUITE 620
ROCKVILLE, MD 20852**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **BRESLER, CHARLES S**
STREET ADDRESS **11140 ROCKVILLE PIKE, SUITE 620**
CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **BRESLER, SIDNEY M**
STREET ADDRESS **11140 ROCKVILLE PIKE, SUITE 620**
CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CAFARDI, JEAN S**
STREET ADDRESS **11140 ROCKVILLE PIKE, SUITE 620**
CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **EDELSTEIN, DARRYL M**
STREET ADDRESS **11140 ROCKVILLE PIKE, SUITE 620**
CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GROOMS, WENDY J**
STREET ADDRESS **5836 MOSS ROCK DRIVE**
CITY-ST-ZIP **NORTH BETHESDA, MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jean S. Cafardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05
Date

301-945-4300
Daytime Phone #