

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90289 046 ***158.75

DOCUMENT # F04000006593	
1. Entity Name BRANDYWINE CONTRACTORS INC.	

Principal Place of Business 1200 FIRST STATE BLVD., STE 1223 WILMINGTON, DE 19804	Mailing Address 1200 FIRST STATE BLVD., STE 1223 WILMINGTON, DE 19804
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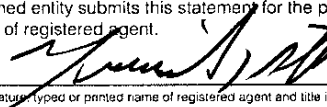
2. Principal Place of Business 34 Industrial Blvd	3. Mailing Address 34 Industrial Blvd
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State New Castle DE	City & State New Castle DE
Zip 19720	Country USA

	
02022005	Chg-P CR2E034 (10/03)
4. FEI Number 51-0385638	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

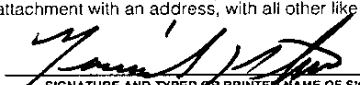
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	PETERS, MICHAEL J
STREET ADDRESS	118 CARDINAL CIRCLE
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	S ☐ Delete
NAME	PETERS, ROSEMARIE
STREET ADDRESS	118 CARDINAL CIRCLE
CITY-ST-ZIP	HOCKESSIN, DE 19707
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: 	Date: 4/14/05	Daytime Phone #: 302-325-2700
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