## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 09, 2006 08:00 AN DOCUMENT # H06581 Secretary of State 1. Entity Name BROTHERS REMODELING, INC. Principal Place of Business Mailing Address 11501 SW 2ND ST 11501 SW 2ND ST PLANTATION, FL 33325 US PLANTATION, FL 33325 US 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2430231 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NIESET, JAMES R **5253 CENTRAL AVENUE** ST. PETERSBURG, FL 33710 IN THIS SPACE 2. 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 (NOTE: Registered Agent signature required when minutating) Signature, typed or province name of registered agent and title dispolicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee Will be \$550.00 OFFICERS AND DIRECTORS 10. the second of the second secon The state of the s TIDE NAUF NIESET, STEPHEN M. STREET ADDRESS 11501 SW 2ND ST CITY-51-ZIP PLANTATION, FL U00000426640 02/20/06-80051-020 150.00 MLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS COLLEGE OF THE SECRETARY STREET, AND ASSOCIATED TO SECRETARY OF THE SECRETARY STREET, AND ASSOCIATED TO SECRETARY STREET, ASSO CITY-ST-ZIP Land Land Commenced Williams Country to September 1888 1888 NAME STREET ADDRESS CITY+ST-ZIP MANE STREET ADDRESS de la company de

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 adddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

2-6-06

9543257586