

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28965

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: BRUKO ENTERPRISES, INC.

**Current Principal Place of Business:**

15330 FLIGHT PATH DR  
BROOKSVILLE, FL 34609 US

**New Principal Place of Business:**

15330 FLIGHT PATH DR  
BROOKSVILLE, FL 34604 US

**Current Mailing Address:**

15330 FLIGHT PATH DR  
BROOKSVILLE, FL 34609 US

**New Mailing Address:**

15330 FLIGHT PATH DR  
BROOKSVILLE, FL 34604 US

FEI Number: 59-2979425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUST, KENNETH J  
18800 BONNIE DR  
SPRING HILL, FL 34610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BRUST, KENNETH J.,  
Address: 18800 BONNIE DR  
City-St-Zip: SPRING HILL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BRUST, KENNETH J.,  
Address: 18800 BONNIE DR  
City-St-Zip: SPRING HILL, FL 34610 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J BRUST

DP

04/14/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date