



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N02000008984 1. Entity Name BR & SNF, INC. |  |
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| Principal Place of Business 799 OVERLOOK DR WINTER HAVEN, FL 33884 | Mailing Address 799 OVERLOOK DR WINTER HAVEN, FL 33884 |
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 56-2304209 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent F & L CORP. THE GREENLEAF BLDG 200 LAURA ST JACKSONVILLE, FL 32202 | DO NOT WRITE IN THIS SPACE |
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

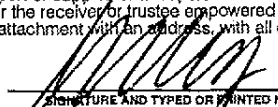
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000079834
03/08/04-80084-017 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCCOY, JOHN A 799 OVERLOOK DR WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SMITH, KATHRYN 799 OVERLOOK DR WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SANDERS, SAM 799 OVERLOOK DR WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **1-6-04 863-324-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #