

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90081 012 ***150.00

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1. Entity Name

BTR SOLUTIONS, INC.



Principal Place of Business

10416 DEEPBROOK DR.
RIVERVIEW FL 33569

Mailing Address

10416 DEEPBROOK DR.
RIVERVIEW FL 33569

2. Principal Place of Business

13817 Capitol Drive

3. Mailing Address

PO Box 17754

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip
33613

Country
USA

Zip

33682-7754

Country
USA

4. FEI Number

59-3685251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIES, DONNA
10416 DEEPBROOK DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Robert Davies
Street Address (P.O. Box Number is Not Acceptable)
13817 Capitol Dr

City Tampa

FL

Zip Code
33613

I, the above named entity, submit 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO ☒ Delete
NAME DAVIES, DONNA
STREET ADDRESS 10416 DEEPBROOK DR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE PD ☐ Delete
NAME DAVIES, ROBERT
STREET ADDRESS 10416 DEEPBROOK DR.
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/04 813-376-3961