


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000021613		
1. Entity Name BRB CODE EDUCATORS, INC.		
Principal Place of Business 116 W. GREENTREE LANE LAKE MARY, FL 32746	Mailing Address P.O. BOX 953192 LAKE MARY, FL 32795-3192	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELCHER, JOSEPH D 41 OAK VILLAGE BLVD. HOMOSASSA, FL 34446		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UG00000326360 04/25/05-80017-020 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LORRAINE A PMB 300, 13799 79 AVE N SEMINOLE, FL 33776	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELCHER, JOSEPH D PMB 316, 41 OAK VILLAGE BLVD HOMOSASSA, FL 34446	
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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: <u>Michelle Stogarty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/19/05</u> <u>407-333-0072</u> <small>Date Daytime Phone #</small>