

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000066882

1. Entity Name
B & R SALES & SERVICES, INC.



Principal Place of Business
4191 112TH TERR N
CLEARWATER, FL 33762

Mailing Address
14920 SUGAR CANE WAY
CLEARWATER, FL 33760

FILED
Feb 20, 2004 08:00 AM
Secretary of State



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3729794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, WILLIAM
14920 SUGAR CANE WAY
CLEARWATER, FL 33760

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EVANS, WILLIAM
STREET ADDRESS 14920 SUGAR CANE WAY
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE STD
NAME BOSMAN, EDWARD
STREET ADDRESS 978 GERSHWIN DRIVE
CITY-ST-ZIP LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
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CITY-ST-ZIP

000000058638
02/20/04-80046-013 150.00

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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)(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:

William F. Evans William F. Evans

2-18-04 (727) 571-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #