2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 28, 2005 08:00 AM DOCUMENT # P01000066882 **Secretary of State** B & R SALES & SERVICES, INC. Principal Place of Business Mailing Address 4191 112TH TERR N 14920 SUGAR CANE WAY CLEARWATER, FL 33762 CLEARWATER, FL 33760 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3729794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EVANS, WILLIAM DO NOT WRITE 14920 SUGAR CANE WAY CLEARWATER, FL 33760 IN THIS SPACE 5. 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS PΩ TITLE 1000000201824 EVANS, WILLIAM NAME 01/28/05-80082-006 150,00 14920 SUGAR CANE WAY STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 TITLE BOSMAN, EDWARD 978 GERSHWIN DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William & Evans

Dayt me Phone #