

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90024 049 ***150.00

DOCUMENT # P01000115146

1. Entity Name

BUILDING RENOVATORS OF FLORIDA, INC.



Principal Place of Business

181 W. BROADWAY
OVIEDO FL 32765

Mailing Address

181 W. BROADWAY
OVIEDO FL 32765

34026034

2. Principal Place of Business

181 W. Broadway

Suite, Apt. #, etc.

3. Mailing Address

181 W. Broadway

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Oviedo, Florida

Zip 32765

Country USA

City & State

Oviedo, Florida

Zip 32765

Country USA

4. FEI Number

01-0579227

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTT, LORI
225 WEST STATE ROAD 46
GENEVA FL 32732

7. Name and Address of New Registered Agent

Name

Thomas P. Mott

Street Address (P.O. Box Number is Not Acceptable)

181 West Broadway

City

Oviedo

FL

Zip Code

32765

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VD	<input type="checkbox"/> Delete
NAME	MOTT, THOMAS P	
STREET ADDRESS	225 WEST STATE ROAD 46	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOTT, LORI	
STREET ADDRESS	225 WEST STATE ROAD 46	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAZER, GRANT	
STREET ADDRESS	1355 MAIN STREET	
CITY-ST-ZIP	OCONTO WS 54153	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAZER, PATRICIA	
STREET ADDRESS	1355 MAIN STREET	
CITY-ST-ZIP	OCONTO WS 54153	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mott, Thomas P.	
STREET ADDRESS	909 Cass Avenue	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shazer, Grant	
STREET ADDRESS	1355 Main Street	
CITY-ST-ZIP	Oconto, WI 54153	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shazer, Patricia	
STREET ADDRESS	1355 Main Street	
CITY-ST-ZIP	Oconto, WI 54153	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #