


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90006 021 \*\*\*150.00

**DOCUMENT # P02000011491**

1. Entity Name  
**BROTHERS BRICK PAVERS AND SEALING, INC.**



Principal Place of Business  
**P.O. BOX 8195  
SEMINOLE, FL 33772**

Mailing Address  
**P.O. BOX 8195  
SEMINOLE, FL 33772**

2. Principal Place of Business  
**2650 Eagles Crest Ct**

3. Mailing Address  
**2650 Eagles Crest Ct**

Suite, Apt. #, etc.

City & State  
**Holiday FL**

City & State  
**Holiday FL**

Zip  
**34691**

Country  
**US**

Zip  
**34691**

Country  
**US**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
3929 N FEDERAL HWY  
POMPANO BEACH, FL 33064**

**60014456**



01262006 Chg-P CR2E034 (11/05)

4. FEI Number  
**37-1417707**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE FREITAS RESENDE, WALLACE P.O. BOX 8195 SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2650 Eagles Crest Ct Holiday FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTOS, ROBERTO A 1201 COLUMNS CIRCLE SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1107 Sunset Drive Tarpon Springs FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAITAN, DAMIAN C 3266 HAVILAND CT., #202-6 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2702 Big Pine Drive Holiday, FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/26/06** **727 422-3292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #