


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Apr 21  
Sec

<b>DOCUMENT # P02000013748</b>		
1. Entity Name <b>BROTHERS CONCRETE SERVICES, INC.</b>		
Principal Place of Business <b>4499 ASHLEY DR TITUSVILLE, FL 32780</b>	Mailing Address <b>P.O. BOX 6123 TITUSVILLE, FL 32780</b>	



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>26-0033600</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>VASILOPOULOS, VIRGINIA 4499 ASHLEY DR TITUSVILLE, FL 32780</b>	
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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 Virginia Vasilogoulos DATE 4/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD VASILOPOULOS, VIRGINIA 4499 ASHLEY DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VASILOPOULOS, KATHLEEN 1668 SOUTH PARK AVE TITUSVILLE, FL 32780
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U000000136043  
04/28/04-80080-008 150.00

**DO NOT WRITE  
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: Virginia Vasilogoulos Virginia Vasilogoulos DATE 4/25/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deputy Phone  
(202) 209-1525