

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90455 003 \*\*\*158.75

<b>DOCUMENT # P02000036034</b>					
<b>1. Entity Name</b> VAN CLAAS BROS. INC					
<b>Principal Place of Business</b> 4522 121ST ST COURT W CORTEZ, FL 34215			<b>Mailing Address</b> PO BOX 1271 CORTEZ, FL 34215		
<b>2. Principal Place of Business</b> 4522 - 121st ST W		<b>3. Mailing Address</b> PO BOX 0623			
Suite, Apt. #, etc. BUILDING A + B		Suite, Apt. #, etc.		03222004    Chg-P    CR2E034 (10/03)	
City & State CORTEZ FL		City & State CORTEZ, FL		<b>4. FEI Number</b> 01-0654300	
Zip 34215		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THOMAS, CYNTHIA A 4522 121ST STREET WEST CORTEZ, FL 34215			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>  SIGNATURE: <u>CYNTHIA A. THOMAS</u> DATE: <u>4/27/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> T <b>NAME</b> BRITT, EDWARD J <b>STREET ADDRESS</b> 1609 NATALIE ST. <b>CITY - ST - ZIP</b> ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY - ST - ZIP</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> THOMAS, CYNTHIA A <b>STREET ADDRESS</b> 4522 121ST STREET WEST. <b>CITY - ST - ZIP</b> CORTEZ, FL 342151271	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> THOMAS, CYNTHIA A. <b>STREET ADDRESS</b> 4522 - 121ST ST W <b>CITY - ST - ZIP</b> CORTEZ, FL 34215 - 0623	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PRIGGE, ARNO CAPT. <b>STREET ADDRESS</b> 4522 121ST STREET WEST <b>CITY - ST - ZIP</b> CORTEZ, FL 342151271	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PRIGGE, ARNO <b>STREET ADDRESS</b> 4522 - 121st ST. W. <b>CITY - ST - ZIP</b> CORTEZ, FL 34215 - 0623	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY - ST - ZIP</b> [Blank]	<input type="checkbox"/> Delete		<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY - ST - ZIP</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY - ST - ZIP</b> [Blank]	<input type="checkbox"/> Delete		<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY - ST - ZIP</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>A. PRIGGE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/27/2004</u> <small>Date    Daytime Phone #</small>		