


2004 FOR PROFIT CORPORATION ANNUAL REPORT.

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

04-02-2004 90041 045 ***150.00

DOCUMENT # P02000053073	
1. Entity Name BRS CONSTRUCTION OPERATIONS, INC	

Principal Place of Business 2814 SOUTH STREET FORT MYERS, FL 33916	Mailing Address P.O. BOX 50695 FORT MYERS, FL 33994
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66419375

2. Principal Place of Business 5791 Country Lakes Drive	3. Mailing Address Suite, Apt. #, etc.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04262004 Chg-P CR2E034 (10/03)

City & State Fort Myers Fl.	City & State
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4. FEI Number 02-0599247	Applied For <input type="checkbox"/> Not Applicable
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Zip 33905	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOUTHERN HOLDING CORP P.O. BOX 50695 FORT MYERS, FL 33994	
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7. Name and Address of New Registered Agent Name Southern Holding Corporation Street Address (P.O. Box Number is Not Acceptable) 5791 Country Lakes Drive City Fort Myers FL Zip Code 33905	
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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  TS Cannamela	DATE 4-26-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EVANS, CLEVE D P.O. BOX 50695 FORT MYERS, FL 33994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO Cannamela, Tony V PO Box 50695 Fort Myers Fl. 33994 <input type="checkbox"/> Change <input checked="" 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
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
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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 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:  TS Cannamela	DATE 4-26-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	