

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/31

FILED
Sep 30, 2004 8:00 am
Secretary of State

08-31-2004 90003 021 ***150.00

DOCUMENT # P03000021494 1. Entity Name BRZOBOHATY PROFESSIONAL HOME SERVICES, INC. <div style="text-align: right; margin-top: 5px;"><i>EIN 51-0452499</i></div>			
Principal Place of Business 27375 IMPERIAL OAKS CIRCLE BONITA SPRINGS, FL 4435 <i>34135</i>		Mailing Address 27375 IMPERIAL OAKS CIRCLE BONITA SPRINGS, FL 4435 <div style="text-align: right; margin-top: 5px;"><i>34135</i></div>	
2. Principal Place of Business <i>27375 Imperial Oaks Cir</i> Suite, Apt. #, etc.		3. Mailing Address <i>27375 Imperial Oaks Cir</i> Suite, Apt. #, etc.	
City & State <i>Bonita Springs.</i>		City & State <i>Bonita Springs</i>	
Zip <i>34135</i>		Zip <i>34135</i>	
Country <i>Lee</i>		Country <i>Lee</i>	
4. FEI Number <i>51-0452499</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAMMER, EDWIN L 7491 W OAKLAND PARK BLVD STE 301 LAUDERHILL, FL 33319		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 _____ <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRZOBOHATY, MARIA 27375 IMPERIAL OAKS CIRCLE BONITA SPRINGS, FL 4435 <i>34135</i> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>8.25.04</i> <i>839.272.2537</i> <small>Date Daytime Phone #</small>	

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