2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2

FILED
Sep 30, 2004 8:00 am
Secretary of State
09-13-2004 90003 005 ***150.00

56434310

MOORE CR2E034 (4/04)

DOCUMENT # P03000026033

1. Entity Name
BRIAN THOMAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~1010 N. SWALLOW TAIL DRIVE~~ 1608 PORT ORANGE FL 32129	~~1010 N. SWALLOW TAIL DRIVE~~ 1608 PORT ORANGE FL 32129

2. Principal Place of Business	3. Mailing Address
3878 Long Grove Ln	3878 Long Grove Ln
Suite, Apt. #, etc. 0	Suite, Apt. #, etc. 0
City & State: Port Orange FL	City & State: Port Orange, FL
Zip: 32129 Country: USA	Zip: 32129 Country: USA

4. FEI Number: 01-0778636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEDATA, MARTIN A
115 E. INDIANA AVENUE
DELAND FL 32724

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 $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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: President NAME: Brian N. Thomas STREET ADDRESS: 3878 Long Grove Ln CITY-ST-ZIP: Port Orange, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Vice President NAME: Danielle M. Thomas STREET ADDRESS: 3878 Long Grove Ln CITY-ST-ZIP: Port Orange, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: [signature] Danielle M. Thomas 9/7/04 (386)235-5137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #