

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90075 035 ***150.00

DOCUMENT # P03000093864

1. Entity Name
BRANDON HOME THEATER, INC.



Principal Place of Business
**757 CALIENTE DRIVE
BRANDON, FL 33511**

Mailing Address
**757 CALIENTE DRIVE
BRANDON, FL 33511**

24026666

2. Principal Place of Business

12519 River Birch Dr

Suite, Apt. #, etc.

3. Mailing Address

12519 River Birch Dr

Suite, Apt. #, etc.



03182004

Chg-P

CR2E034 (10/03)

City & State

Riverview FL

City & State

Riverview FL

4. FEI Number

20-0252680

Applied For

Not Applicable

Zip

33569

Country

Hillsborough

Zip

33569

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAPIER, DANA T JR
12519 RIVER BIRCH DR.
RIVERVIEW, FL 33569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$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 **V** ☐ Delete
NAME **GREEN, WILLIAM A**
STREET ADDRESS **22304 STILLWOOD DRIVE**
CITY-ST-ZIP **LAND O'LAKES, FL 34639**

TITLE **V** ☐ Delete
NAME **NAPIER, DANA T JR**
STREET ADDRESS **12519 RIVER BIRCH DR.**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **DANA T. NAPIER, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-04

813 671 4343