

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90028 048 \*\*\*150.00

**DOCUMENT # P03000094246**

1. Entity Name

**ARMSTRONG BROTHERS CORPORATION**



Principal Place of Business

**2885 PALM BEACH BLVD.  
#207-A  
FORT MYERS FL 33916**

Mailing Address

**2885 PALM BEACH BLVD.  
#207-A  
FORT MYERS FL 33916**

2. Principal Place of Business

**206 UTAH AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**206 UTAH AVENUE**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

4. FEI Number

**20-0183975**

Applied For

Not Applicable

Zip

**33905**

Country

**USA**

Zip

**33905**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
11601 S CLEVELAND AVE.  
#6  
FORT MYERS FL 33907**

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DA SILVA ARMSTRONG, ANDERSON  
STREET ADDRESS 2885 PALM BEACH BLVD. #207-A  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE VD ☐ Delete  
NAME DE SOUZA ARMSTRONG, EVELINE  
STREET ADDRESS 2885 PALM BEACH BLVD. #207-A  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 PD ☒ Change ☐ Addition  
NAME DA SILVA ARMSTRONG, ANDERSON  
STREET ADDRESS 206 UTAH AVENUE  
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE VD ☒ Change ☐ Addition  
NAME DE SOUZA ARMSTRONG, EVELINE  
STREET ADDRESS 206 UTAH AVENUE  
CITY-ST-ZIP FORT MYERS, FL 33905

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** Eveline de Souza Armstrong - Eveline de Souza Armstrong 02-23-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #