


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000094246</b>		
1. Entity Name <b>ARMSTRONG BROTHERS CORPORATION</b>		
Principal Place of Business <b>206 UTAH AVENUE FORT MYERS, FL 33905</b>	Mailing Address <b>206 UTAH AVENUE FORT MYERS, FL 33905</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TAX HOUSE CORPORATION 11601 S CLEVELAND AVE. #6 FORT MYERS, FL 33907</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 Agents signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA ARMSTRONG, ANDERSON 206 UTAH AVENUE FORT MYERS, FL 33905	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE SOUZA ARMSTRONG, EVELINE 206 UTAH AVENUE FORT MYERS, FL 33905	
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TITLE 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)(f), 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: <u>Gueline Armstrong - Eveline D. Armstrong</u>		01-05-04 239-468702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0183975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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04/14/05-80062-005 150.00