

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098559	
1. Entity Name BRANDON RESTAURANT SUPPLY & EQUIPMENT, INC.	



Principal Place of Business XXXXXX 1906 N. Armenia Ave. TAMPA, FL XXXXXX 33607	Mailing Address XXXXXX 1906 N. Armenia Ave. TAMPA, FL XXXXXX 33607
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0106337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DORTCH, ROBERT M CPA 310 S BREVARD AVENUE TAMPA, FL 33606
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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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, WAILES 3701 DELEON STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ELLIS, EDWARD G 112 S. GUNLOCK AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V ELLIS, HOWARD J 214 S. GUNLOCK AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANPELT, JOHN D 218 S. WOODLYNNE AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S T VANPELT, VIRGINIA E 218 S. WOODLYNNE AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000357056
05/04/05-80059-003 150.00

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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: <u>Wailes Gray Ellis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Apr. 29, 2005 Date	(813) 259-9873 Daytime Phone #
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