


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90012 014 \*\*\*150.00

<b>DOCUMENT # P03000098559</b> 1. Entity Name <b>BRANDON RESTAURANT SUPPLY &amp; EQUIPMENT, INC.</b>					
Principal Place of Business <b>5408 E. BROADWAY TAMPA, FL 33619</b>			Mailing Address <b>5408 E. BROADWAY TAMPA, FL 33619</b>		
2. Principal Place of Business <b>1906 N. Armenia Ave.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa, FL</b>		City & State 		4. FEI Number <b>90-0106337</b>	
Zip <b>33607</b>		Country <b>Hills.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02172006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>DORTCH, ROBERT M CPA 310 S BREVARD AVENUE TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, WAILES 3701 DELEON STREET TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, EDWARD G 112 S. GUNLOCK AVENUE TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, HOWARD J 214 S. GUNLOCK AVENUE TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANPELT, VIRGINIA E 218 S. WOODLYNNE AVE. TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. &amp; Treas.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>W. Gray Ellis</u> <b>W. Gray Ellis</b>			2/28/06 (813) 251-4252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		