

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90109 013 ***150.00

40040430



DOCUMENT # P04000004750 1. Entity Name BRIAN ROUSSEAU INC.			
Principal Place of Business 1436 DE LEON APT 1 CLEARWATER, FL 33764		Mailing Address 1436 DE LEON APT 1 CLEARWATER, FL 33764	
2. Principal Place of Business 49 Country Club Dr Suite, Apt. #, etc.		3. Mailing Address 49 Country Club Dr Suite, Apt. #, etc.	
City & State Largo, FL Zip 33777		City & State Largo, FL Zip 33777	
Country USA		Country USA	
4. FEI Number 59-3783447		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSEAU, BRIAN 1436 DE LEON APT 1 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 49 Country Club Dr City Largo FL Zip Code 33777	
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 Brian Rousseau Brian Rousseau 3-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BRIAN ROUSSEAU INC. STREET ADDRESS 1436 DE LEON CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE Brian Rousseau NAME 49 Country Club Dr STREET ADDRESS Largo, FL 33777 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ROUSSEAU, BRADLEY STREET ADDRESS 115 BAYVIEW ST. CITY-ST-ZIP CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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 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: Brian Rousseau BRIAN ROUSSEAU MAR 26 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	

727-366-4366