


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 007 ***150.00

DOCUMENT # P04000010475		
1. Entity Name BRIAN LANCOUR, INC.		

Principal Place of Business 7 SOUTH LOAVON AVE. KISSIMMEE FL 34741	Mailing Address 7 SOUTH LOAVON AVE. KISSIMMEE FL 34741
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2. Principal Place of Business 1016 Spring Meadows	3. Mailing Address 1016 Spring Meadows
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee FL	City & State Kissimmee FL
Zip 34741	Zip 34741
Country	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 04-3782312	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 LANCOUR, BRIAN 7 SOUTH LOAVON AVE. KISSIMMEE FL 34741	7. Name and Address of New Registered Agent Name Brian Lencour Street Address (P.O. Box Number is Not Acceptable) 1016 Spring Meadows City Kissimmee FL 34741
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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 **Brian Lencour** DATE **4-1-05**

Signature typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LANCOUR, BRIAN 7 SOUTH LOAVON AVE. KISSIMMEE FL 34741 <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	STD LANCOUR, SUSAN 7 SOUTH LOAVON AVE. KISSIMMEE FL 34741 <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
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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)(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: **Brian Lencour** **Brian Lencour** **4-1-05** **407-973-3678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #