

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90124 014 ***150.00

DOCUMENT # P04000082066

1. Entity Name
BRANDON'S COUNTERTOPS & INSTALLATION, INC.



Principal Place of Business
**167 KATES STREET
LAKE CITY, FL 32024**

Mailing Address
**RT 14 BOX 970
LAKE CITY, FL 32025**

2. Principal Place of Business
167 SW Kates Street

3. Mailing Address
167 SW Kates Street

Suite, Apt. #, etc.

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32024 Country
US

Zip
32024 Country
US

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVT	NAME PHINNEY, BRANDON <input type="checkbox"/> Delete	TITLE PVT	NAME Phinney, Brandon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 167 KATES STREET		STREET ADDRESS 167 SW Kates Street	
CITY-ST-ZIP LAKE CITY, FL 32024		CITY-ST-ZIP Lake City, FL 32024	
TITLE S	NAME GRECIAN, JON <input checked="" type="checkbox"/> Delete	TITLE S	NAME Jonathan Shaheen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 167 KATES STREET		STREET ADDRESS 167 SW Kates Street	
CITY-ST-ZIP LAKE CITY, FL 32024		CITY-ST-ZIP Lake City, FL 32024	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Brandon Phinney* **4/30/05** **Date** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR