


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000016964
1. Entity Name
BRICE ELEVATOR, INC.



Principal Place of Business
5340 CYPRESS ROAD
PLANTATION, FL 33317 US

Mailing Address
BRICE ELEVATOR
C/O BRICE 5340 CYPRESS RD
PLANTATION, FL 33317 US

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0393599

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHEPARD & LESKAR, P.A.
100 S. PINE ISLAND RD., #201
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICE, PHILIP 991 S STATE RD 7 #35-38 PLANTATION, FL
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02042004 08:00 AM
04-29-04-BUW/U-013 150.00

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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: Philip H. Brice Philip H. Brice 04/27/04 (954) 583-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #