

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 039 ***150.00

DOCUMENT # P93000041348

1. Entity Name
BRINTECH, INC.



Principal Place of Business
**124 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**124 CANAL
NEW SYMRNA BEACH, FL 32168 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2056319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMONA L BREWER
1215 COMMODORE DRIVE
NEW SMYRNA BEACH, FL 32168**

Name
Hal W. Oswalt

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

City
New Smyrna Beach

FL

Zip Code
32168

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

Hal W. Oswalt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/04

**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
**CEOP
BREWER, HAROLD J
1215 COMMODORE DR
NEW SMYRNA BEACH, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROCKETT, JIM
6059 SANCTUARY GARDEN BLVD
PORT ORANGE, FL 32124** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/P
Hal W. Oswalt
124 Canal Street
New Smyrna Beach, FL 32168** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/T
Rex S. Schuette
124 Canal Street
New Smyrna Beach, FL 32168** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Thomas C. Gilliland
124 Canal Street
New Smyrna Beach, FL 32168** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Thomas C. Gilliland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas C. Gilliland

3/1/04

706-745-2151