

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90019 015 ***150.00

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1. Entity Name
BRIMFUL HOUSE, INCORPORATED



Principal Place of Business
**3600 S CONGRESS AVE
SUITE H
BOYNTON BEACH, FL 33426 US**

Mailing Address
**P. O. BOX 3878
BOYNTON BEACH, FL 33424 US**

54025186



2. Principal Place of Business
6600 E. Rogers Circle

3. Mailing Address
P.O. Box 273354

Suite, Apt. #, etc.
Boca Raton, Fla.

Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State
Boca Raton, Fla.

City & State
Boca Raton

4. FEI Number
65-0421647

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33427

Country
USA

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

6. Name and Address of Current Registered Agent

**HOROWITZ, ALAN
3600 S CONGRESS AVE
SUITE H
BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent

Name
Horowitz, Alan
Street Address (P.O. Box Number is Not Acceptable)
6600 E. Rogers Circle

City **Boca Raton** FL Zip Code **33427**

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 Alan Horowitz (NOTE: Registered Agent signature required when reinstating)

DATE 3/30/04

**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 **D** ☐ Delete
NAME **HOROWITZ, ALAN**
STREET ADDRESS **5831A FOX HOLLOW DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Alan Horowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN HOROWITZ

DATE 3/30/04 DAYTIME PHONE # 561-441-6000