2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P93000085093

Entity Name: BROTHERS PORT RICHEY CORPORATION

Current Principal Place of Business:

2 ALHAMBRA PLAZA
SUITE 1280
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS E. MISCHELL
ONE EAST FOURTH STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 65-0474499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUBAN, KENNETH A
31 OCEAN REEF DRIVE
SUITE C-300
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	FULLER, VICTOR L DP	
Address:	2 ALHAMBRA PLAZA SUITE 1280	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VT	( ) Delete
Name:	RUNK, FRED J VT	
Address:	ONE EAST FOURTH STREET	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	VAS	( ) Delete
Name:	FULLER, STEPHEN M VAS	
Address:	2 ALHAMBRA PLAZA SUITE 1280	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	V	( ) Delete
Name:	MISCHELL, THOMAS E V	
Address:	ONE EAST FOURTH STREET	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	S	( ) Delete
Name:	LUBAN, KENNETH A S	
Address:	31 OCEAN REEF DRIVE SUITE C-300	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	AS	( ) Delete
Name:	FAUST, MARC L AS	
Address:	2 ALHAMBRA PLAZA SUITE 1280	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. MISCHELL V 04/13/2005

Electronic Signature of Signing Officer or Director — Date