

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043444		
1. Entity Name BROKE AND POOR SURPLUS OF PLANT CITY, INC.		
Principal Place of Business 2670 HWY. 92 E. PLANT CITY, FL 33566		Mailing Address P.O. BOX 2391 PLANT CITY, FL 33566
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROCK, TED A 2670 HWY. 92 E. PLANT CITY, FL 33566		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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	VSD BROCK, SANDRA JOYCE 7650 SHOUBE RD PLANT CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROCK, TED A., PO. BOX 2391-2913 JERRY SMITH RD PLANT CITY, FL	
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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: <u>Ted A Brock</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-15-04</u> <u>813-752-3378</u> Date Daytime Phone #