

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000010838

1. Entity Name
BROTHERS INVESTMENTS & ENTERPRISES, INC.



Principal Place of Business
1104 JOE LOUIS STREET
TALLAHASSEE, FL 32304

Mailing Address
1104 JOE LOUIS STREET
TALLAHASSEE, FL 32304

FILED

04 APR 23 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 No Chg-P CR2E034 (10/03)

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3363047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, KENTON R
1104 JOE LOUIS STREET
TALLAHASSEE, FL 32304

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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
NAME	JEFFERSON, CHARLES O
STREET ADDRESS	2027 SKYLAND DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	D
NAME	FLOYD, DELBERT A
STREET ADDRESS	10265 SW 23RD CT
CITY-ST-ZIP	MIRAMAR, FL 330255100

TITLE	D
NAME	FLOYD, KENTON R
STREET ADDRESS	1104 JOE LOUIS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/04--01071--016 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Kenton R Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

Daytime Phone #