


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90553 004 \*\*\*150.00

<b>DOCUMENT # P96000084566</b>	
<b>1. Entity Name</b> ARCHERS B & B, INC.	

<b>Principal Place of Business</b> 6220 S. COMMERCE BLOSSOM TR 175 ORLANDO FL 32809	<b>Mailing Address</b> 6220 S. COMMERCE BLOSSOM TR 175 ORLANDO FL 32809
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<b>2. Principal Place of Business</b> 5534 HANSEL AVENUE Suite, Apt. #, etc. —	<b>3. Mailing Address</b> 5534 HANSEL AVENUE Suite, Apt. #, etc. —
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<b>City &amp; State</b> ORLANDO, FLORIDA	<b>City &amp; State</b> ORLANDO, FLORIDA
<b>Zip</b> 32809	<b>Country</b> ORANGE

	
MOORE	CR2E034 (11/03)
<b>4. FEI Number</b> 59-3404916	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> MANES JR, ERALDO 6220 S. ORANGE BLOSSOM TRAIL STE 175 ORLANDO FL 32809	<b>7. Name and Address of New Registered Agent</b> Name: MANES JR, ERALDO Street Address (P.O. Box Number is Not Acceptable) 5534 HANSEL AVENUE City: ORLANDO, FLORIDA FL Zip Code: 32809
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**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PATAT, ILVO		<b>NAME</b> PATAT, ILVO	
<b>STREET ADDRESS</b> 6220 S. ORANGE BLOSSOM TRAIL STE 175		<b>STREET ADDRESS</b> 5534 HANSEL AVENUE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32809		<b>CITY-ST-ZIP</b> ORLANDO, FL 32809	
<b>TITLE</b> STD	<input type="checkbox"/> Delete	<b>TITLE</b> STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MANES, MAIDA B		<b>NAME</b> MANES, MAIDA B	
<b>STREET ADDRESS</b> 6220 S. ORANGE BLOSSOM TRAIL STE 175		<b>STREET ADDRESS</b> 5534 HANSEL AVENUE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32809		<b>CITY-ST-ZIP</b> ORLANDO FL 32809	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MANES, ERALDO JR		<b>NAME</b> MANES, ERALDO JR	
<b>STREET ADDRESS</b> 6220 S. ORANGE BLOSSOM TRAIL STE 175		<b>STREET ADDRESS</b> 5534 HANSEL AVENUE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32809		<b>CITY-ST-ZIP</b> ORLANDO FL 32809	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DE SOUZA, PAULO S		<b>NAME</b> DE SOUZA, PAULO S	
<b>STREET ADDRESS</b> 6220 S. ORANGE BLOSSOM TRAIL STE 175		<b>STREET ADDRESS</b> 5534 HANSEL AVENUE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32809		<b>CITY-ST-ZIP</b> ORLANDO FL 32809	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**  **4-21-4 407-855-9541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**