

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90002 045 ***550.00

DOCUMENT # P96000090309

1. Entity Name

FRENCH BROTHERS, INC.



Principal Place of Business

10107 SHADY DRIVE
HUDSON FL 34669
US

Mailing Address

10107 SHADY DRIVE
HUDSON FL 34669
US

54072955



MOORE

CR2E034 (4/04)

2. Principal Place of Business

10107 SHADY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

10107 SHADY DR.
Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-3438918

Applied For

Not Applicable

Zip

34669

Country

PASCO

Zip

34669

Country

PASCO

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRENCH, PAUL
10107 SHADY DRIVE
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Paul French PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

18 Aug 04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME FRENCH, PAUL H
STREET ADDRESS 10107 SHADY DRIVE
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul French PAUL FRENCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 Aug 04 727 858-2889