

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 06, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P98000039623**

1. Entity Name

ENTRY BROTHERS, INC.



Principal Place of Business

2605 HWY. 441 SOUTH  
OKEECHOBEE, FL 34974

Mailing Address

2605 HWY. 441 SOUTH  
OKEECHOBEE, FL 34974



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0835632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENTRY, DANNY M  
2605 HWY. 441 SOUTH  
OKEECHOBEE, FL 34974

**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 fee, if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

7/1/04

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENTRY, DANNY M
STREET ADDRESS	2605 HWY. 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	ST
NAME	ENTRY, JOSEPH G
STREET ADDRESS	2605 HWY. 441 SOUTH
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000163141  
07/06/04-80001-015 150.00

**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 179.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/04 863-763-3316

Daytime Phone #