


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 034 \*\*\*150.00

**DOCUMENT # P98000094806**

1. Entity Name  
**BROTHERS SEVEN, INC.**



Principal Place of Business  
**887 W SEMORAN BLVD.  
 CASSELBERRY, FL 32707**

Mailing Address  
**887 W SEMORAN BLVD.  
 CASSELBERRY, FL 32707**

**24082317**

2. Principal Place of Business  
**887 STATE ROAD 436**  
 Suite, Apt. #, etc.

3. Mailing Address  
**887 STATE ROAD 436**  
 Suite, Apt. #, etc.



07282004 Chg-P CR2E034 (10/03)

City & State  
**CASSELBERRY FLA**

City & State  
**CASSELBERRY FLA**

Zip Country  
**32707 SEMINOLE**

Zip Country  
**32707 SEMINOLE**

4. FEI Number  
**59-3540162**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ED**  
**887 E SEMORAN BLVD.**  
**CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent

Name  
**ED JONES**

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

**887 STATE ROAD 436**

City  
**CASSELBERRY FL** Zip Code  
**32707**

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: Ed Jones (NOTE: Registered Agent signature required when reinstating) DATE: 27 Aug 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	D	<input type="checkbox"/> Delete
NAME	JONES, ED	
STREET ADDRESS	34449 PARKVIEW AVENUE	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES AND OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED JONES	
STREET ADDRESS	2021 ABRAMS ROAD EUSTIS, FLA 32726	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ed Jones **ED JONES** DATE: 27 Aug 04 DAYTIME PHONE #: 407-267-6556