

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90329 012 ***150.00

DOCUMENT # P99000000022

1. Entity Name
BRT CARPENTRY, INC.



Principal Place of Business
**1684 CYPRESS AVE., S-30
MELBOURNE, FL 32935**

Mailing Address
**1684 CYPRESS AVE., S-30
MELBOURNE, FL 32935**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3537786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, BARBARA A
1486 PALMWOOD DR.
MELBOURNE, FL 32935**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PD
NAME TAYLOR, BARBARA A
STREET ADDRESS 1486 PALMWOOD DR.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SD
NAME ROGERS, DONNA V
STREET ADDRESS 2180 CHERRYWOOD DR.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D
NAME TAYLOR, ROBERT E
STREET ADDRESS 1486 PALMWOOD DR.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D
NAME ROGERS, ROBERT M
STREET ADDRESS 2180 CHERRYWOOD DR
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Donna V. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA V. ROGERS 4-26-04

Date

321-259-1385
Daytime Phone #