


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 024 ***150.00

DOCUMENT # P99000056935 1. Entity Name C & I SPECIALTIES, INC.	
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Principal Place of Business 2104 S. BAY STREET EUSTIS, FL 32726	Mailing Address 2104 S. BAY STREET EUSTIS, FL 32726
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94053627

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3582921	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BREWER, CHARLES C
2104 S. BAY STREET
EUSTIS, FL 32726**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BREWER, CHARLES C 1621 TEXAS CT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREWER, CHARLES C JR. 28236 TAMMI DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, SHARON G 28236 TAMMI DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, EVELYN M 1621 TEXAS CT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: Evelyn M. Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN M. BREWER

Date

4/14/04 352-357-1001

Daytime Phone #