


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90350 016 \*\*\*150.00

<b>DOCUMENT # S68830</b> 1. Entity Name <b>VOICES OF BROTHERHOOD, INC.</b>					
Principal Place of Business <b>4607 SUN VALLEY DRIVE TAMPA, FL 33624 US</b>			Mailing Address <b>4607 SUN VALLEY DRIVE TAMPA, FL 33624 US</b>		
2. Principal Place of Business <b>4602 CLOVERLAWN DR.</b>		3. Mailing Address <b>4602 CLOVERLAWN DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>		4. FEI Number <b>59-3105923</b>	
Zip <b>33624</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UPPERCUE, H. BRENTON 4607 SUN VALLEY DR TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name <b>H. BRENTON UPPERCUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4602 CLOVERLAWN DR.</b> City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33624</b>		
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 _____ (NOTE: Registered Agent signature required when restarting)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMSON, HARRY J.</b> <b>30221 LETTEHGERELL CIRCLE</b> <b>WESTLEY CHAPEL, FL 33543</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, JOHN A.</b> <b>1102 ARBOLEADA COURT</b> <b>TAMPA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>UPPERCUE, H. BRENTON</b> <b>4607 SUN VALLEY DR</b> <b>TAMPA, FL 33624</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UPPERCUE, H. BRENTON</b> <b>4602 CLOVERLAWN DR.</b> <b>TAMPA, FLORIDA 33624</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, WAYNE R</b> <b>2406 RAMADA DR, APT 233</b> <b>TAMPA, FL 33613</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, JAMES C.</b> <b>3806 SOUTHVIEW DR.</b> <b>TAMPA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.					
<b>SIGNATURE:</b> <i>H. Brenton Uppercue</i> <b>H. BRENTON UPPERCUE</b> <b>4/2/04</b> <b>813.968.4311</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					