

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90394 004 ***150.00



DOCUMENT # K42709
 1. Entity Name
 1809 BRANDON, INC.

Principal Place of Business: 203 PROVIDENCE RD, BRANDON FL 33511 US
 Mailing Address: 203 PROVIDENCE RD, BRANDON FL 33511 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State



MOORE CR2E034 (11/03)

59-2924382
~~59-2919774~~

Zip: Zip Country: Country

4. FEI Number: Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
 ANDERSON, JOANNE
 203 PROVIDENCE RD
 BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P	ANDERSON, JOANNE 203 PROVIDENCE RD BRANDON FL
TITLE: S	DUREIKO, JOSEPH 203 PROVIDENCE ROAD BRANDON FL
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____
TITLE: _____	_____

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: Joanne Anderson 4-15-04 8136815413
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #