


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 215293	
1. Entity Name VANBROWN INC	

Principal Place of Business W A VANNORTWICK 710 LOMAX ST JACKSONVILLE, FL 32204-4098	Mailing Address W A VANNORTWICK 710 LOMAX ST JACKSONVILLE, FL 32204-4098
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6082147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITTAKER, JOHN R M.D. 710 LOMAX STREET JACKSONVILLE, FL 32204

**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
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 NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, RICHARD H 710 LOMAX STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTAKER, JOHN R 710 LOMAX STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, DAVID L 710 LOMAX STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUM, PAUL M. 710 LOMAX STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALDOCK, JAMES A. 710 LOMAX STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000164469
07/08/04-80010-004 150.00

**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)(f), 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: *[Signature]* **7-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please note original return is not required