

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F63086**

1. Entity Name  
**BROWNING'S CONSTRUCTION, INC.**



Principal Place of Business  
 9205 SR 100 W.  
 STARKE, FL 32091

Mailing Address  
 9205 SR 100 W.  
 STARKE, FL 32091



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2139753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JAMES V WALKER  
 217 PONTE VEDRA PARK DRIVE  
 BLDG. 100, SUITE 200  
 PONTE VEDRA BEACH, FL 32082

**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 \_\_\_\_\_ (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	PST BROWNING, GEORGE F 9205 SR 100 W. STARKE, FL 32091
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**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: *George F. Browning* 3-12-04 904964-8714  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #