

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # G77921**

1. Entity Name  
**JOEL E. BROWN & SONS CONSTRUCTION  
CORPORATION**



Principal Place of Business  
**921 BALI RD  
COCOA BEACH, FL 32931**

Mailing Address  
**14 WEST POINT DRIVE  
COCOA BEACH, FL 32931**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2403989</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**BROWN, JOEL E.  
14 WEST POINT DRIVE  
COCOA BEACH, FL 32931**

**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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000195210  
01/26/05-80019-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BROWN, JOEL E.
STREET ADDRESS	14 W. POINT DRIVE
CITY - ST - ZIP	COCOA BEACH, FL 32931

TITLE	T
NAME	BROWN, GARY J.
STREET ADDRESS	14 WESTPOINT DR
CITY - ST - ZIP	COCOA BEACH, FL 32931

TITLE	VP
NAME	BROWN, JOEL E. II
STREET ADDRESS	921 BALI RD.
CITY - ST - ZIP	COCOA BEACH, FL 32931

TITLE	S
NAME	BROWN, WILLIAM R.
STREET ADDRESS	1378 SANIBEL
CITY - ST - ZIP	MERRITT ISLAND, FL 32952

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 officers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WILLIAM R BROWN 1-20-05 3214467845**