

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90035 031 \*\*\*150.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                              |                                                                                   |         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|--|
| <b>DOCUMENT # P02000052738</b><br>1. Entity Name<br>RICHARD BROWN PROPERTIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                              |                                                                                   |         |  |
| Principal Place of Business<br>1832 UNIVERSITY Blvd. S<br>JACKSONVILLE, FL 32216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | Mailing Address<br>1832 UNIVERSITY Blvd. S<br>JAX, FL 32216                                                  |                                                                                   |         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | 3. Mailing Address                                                                                           |                                                                                   |         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | Suite, Apt. #, etc.                                                                                          |                                                                                   |         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | City & State                                                                                                 |                                                                                   |         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | Country                                                                                                      |                                                                                   | Zip     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | Country                                                                                                      |                                                                                   | Country |  |
| 4. FEI Number<br>75-3060531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                              | Applied For<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                              | 7. Name and Address of New Registered Agent                                       |         |  |
| BROWN, THOMAS R JR<br>3317 VIA DE LA REINA<br>JACKSONVILLE, FL 32217                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br><small>Signature typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | (NOTE: Registered Agent signature required when reinstating)<br>DATE 4/5/05                                  |                                                                                   |         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                   |         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PVST<br>Thomas R. Brown Jr.<br>3317 Via de la Reina<br>JACKSONVILLE, FL 32217 |                                                                                                              | <input type="checkbox"/> Delete                                                   |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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(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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | Date 4/5/05                                                                                                  |                                                                                   |         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | Daytime Phone #                                                                                              |                                                                                   |         |  |