

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90092 049 ***150.00

DOCUMENT # P99000023608
 1. Entity Name
 RUPERT H. BROWN INSURANCE AGENCY, INC.



Principal Place of Business: 2874 NORTH ST RD 7 LAUDERDALE LAKES, FL 33313
 Mailing Address: 2874 NORTH ST RD 7 LAUDERDALE LAKES, FL 33313



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909869 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROWN, RUPERT H
 2874 N STATE RD 7
 LAUDERDALE LAKES, FL 33313

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | BROWN, RUPERT H |
| STREET ADDRESS | 2874 N STATE RD 7 |
| CITY-ST-ZIP | LAUDERDALE LAKES, FL 33313 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *[Signature]* Date: 6/30/04 Daytime Phone #: 19594867474

Attachment 54060252
Dr. # P99000023608
6-30-04
P99000023608

FL Dept of State

I did not receive prior
notice

Rupert Brown