2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# P99000060874

Entity Name: BROWNLEE AND ASSOCIATES, INC.

Current Principal Place of Business:

414 N ALEXANDER ST
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4894
PLANT CITY, FL 335644894 US

New Mailing Address:

FEI Number: 59-3591455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STITZEL, D. HOWARD III
206 NORTH COLLINS ST.
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWNLEE, CARL
Address: 414 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33566

Title: VTD ( ) Delete
Name: BROWNLEE, BRUCE
Address: 414 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete
Name: BROWNLEE, GERALDINE
Address: 414 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete
Name: BROWNLEE, DENNIS
Address: 414 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL BROWNLEE PRES 04/04/2007

Electronic Signature of Signing Officer or Director Date