

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90015 040 \*\*\*150.00

**DOCUMENT # 145160**

1. Entity Name

CONNOR BROWN COMPANY



Principal Place of Business

4250 LAKESIDE DRIVE  
STE 208  
JACKSONVILLE FL 32210  
US

Mailing Address

P.O. BOX 22  
ORTEGA STATION  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0544401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMICK, JOHN P, JR.  
4250 LAKESIDE DR #208  
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME HELMICK, JOHN P  
STREET ADDRESS 4250 LAKESIDE DR #208  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE PTD ☐ Delete  
NAME BROWN, LILA BYRD  
STREET ADDRESS 4250 LAKESIDE DR #208  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ASVD ☐ Delete  
NAME BROWN, BARRET  
STREET ADDRESS 4250 LAKESIDE DR #208  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE AV ☐ Delete  
NAME HELMICK, MARC A  
STREET ADDRESS 4250 LAKESIDE DRIVE #208  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE AVS ☐ Delete  
NAME HELMICK, CLAUDETTE B  
STREET ADDRESS 4250 LAKESIDE DRIVE #208  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Connor Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/23/04* *904-389-7340*  
Date Daytime Phone #