## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 330927** 

Entity Name: BROWNING & SONS, INC.

BLITCH, ANDREA B

1652 NW 35TH PLACE

GAINESVILLE, FL 32605

Name:

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

	me. Brown	vii (		
Current Principal Place of Business:			New Principal Place of Business:	
	IARVEY GRE I, FL 32340	ENE DR US		
Current Mailing Address:			New Mailing Address:	
PO BOX 6 MADISON	688 I, FL 32341	US		
FEI Number	: 59-1235121	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1353 NE F	NG, MARK A PIND RIDGE I I, FL 32340	RANCH ROAD US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	onic Signature of Registered Ag	gent	Date
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BROWNING,	E RIDGE RANCH RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BROWNING,	ERIDGE RANCH ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPS ( WHITAKER, \$ 261 NE CATT MADISON, FL	AIL DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	BROWNING,	ERIDGE RANCH ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK BROWNING PRES 01/05/2009