2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 480491

1. Entity Name

BROWDY & BROWDY, INC.



Principal Place of Business

6944 ST. AUGUSTINE RD

STE D

JACKSONVILLE, FL 32217

Mailing Address

6944 ST. AUGUSTINE RD.

STE. D

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32217 US



FILED

Apr 07, 2004 08:00 AM Secretary of State

02132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1623595

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BROWDY, RICHARD S 6944 ST. AUGUSTINE RD. STE. D

JACKSONVILLE, FL 32217

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	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and acce	ρŧ
SIGNATURE_	Signature, typed or printed name of registered agent and title	l applicable UNOTE. Registered Ag	gent signaturs	required when remstating)	DATE	<u></u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financh Trust Fund Contribution. 		\$5.00 May Be Added to Fees	U00000105719 04/07/04-80036-023	150.00	
10.	OFFICERS AND DIREC	TORS _			·		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWDY, RICHARD S 1909 EPPING FOREST WAY S JACSONVILLE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWDY, SHARON 1909 EPPING FOREST WAY S JACKSONVILLE, FL						
TITLE NAME STREET ADDRESS	D RINZLER, DAVID S 6944 ST. AUGUSTINE RD., STE D						

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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 charged, or on an attackment with an address, with all other light empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP 333E

STREET ADDRESS CITY-ST-ZIP

JACKSONVILLE, FL 32217

ER OR DIRECTOR

04.06.04 Daylore Phone #