


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 497013		
1. Entity Name GENE D. BROWN, P.A.		

Principal Place of Business 3848 KILLEARN COURT TALLAHASSEE, FL 32309	Mailing Address 3848 KILLEARN COURT TALLAHASSEE, FL 32309
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FILED
05 APR 28 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts MAY 02 2005

2. Principal Place of Business 3038 Crawfordville Hwy. 3038 Crawfordville Hwy.		3. Mailing Address 3038 Crawfordville Hwy.	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State Crawfordville, FL		City & State Crawfordville, FL	
Zip 32347	Country Wakulla	Zip 32347	Country Wakulla

04252005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1647642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, GENE D 3848 KILLEARN COURT TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent Name 3038-A Crawfordville Hwy. City Crawfordville FL Zip Code 32347	
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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: <i>Gene D. Brown</i>	DATE: 4-27-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BROWN, GENE D. 3848 KILLEARN COURT TALLAHASSEE FL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3038-A Crawfordville Hwy. Crawfordville, FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500054203235 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/10/05--01039--004 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Gene D. Brown</i>	DATE: 4-27-05 (650) 524-6200