2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 546886

FILED Jan 05, 2004 Secretary of State

Entity Name: STEPHEN R. BROWN & ASSOCIATES INC.

Surreill P	Principal Place	of Business:	New Principal Place of Business:	
	110TH COURT PRGS, FL 3306	S5 US		
Current N	lailing Address	s:	New Mailing Address:	
	110TH COURT PRGS, FL 3306	65 US		
FEI Number	: 59-1868606	FEI Number Applied For ()) FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agen	t: Name and Address of New Registered Agent:	
4320 N.W.	STEPHEN R. . 110TH COUR ⁻ PRINGS, FL 33			
	e named entity s e of Florida.	ubmits this statement for	the purpose of changing its registered office or registered agent, or b	ooth,
SIGNATUI	RE:			
	Electroni	c Signature of Registered	d Agent Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOR
Title: Name: Address: City-St-Zip:	STD () BROWN, STEPH 4320 N.W. 110T CORAL GABLES	H COURT	Title: () Change () Addition Name: Address: City-St-Zip:	
Title:		Delete	Title: () Change () Addition	
Address:	BROWN, PATRI 4320 N.W. 110T CORAL GABLES	H COURT	Name: Address: City-St-Zip:	
Address: City-St-Zip: Title: Name: Address:	4320 N.W. 110T CORAL GABLES	H COURT S, FL 33065 Delete I EWEL PLCE	Address:	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	4320 N.W. 110T CORAL GABLES VD () POWEL, LISA M 3509 JENNIE JE ORLANDO, FL 3 VD () MCLENAGAN, AI	H COURT S, FL 33065 Delete 1 SWEL PLCE 32806 Delete NGELA L IG WATER CIRCLE	Address: City-St-Zip: Title: VD (X) Change () Addition Name: POWEL, LISA M Address: 3214 EDGECLIFFE DRIVE	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	4320 N.W. 110T CORAL GABLES VD () POWEL, LISA M 3509 JENNIE JE ORLANDO, FL 3 VD () MCLENAGAN, AI 1764 SPARKLIN OCOEE, FL 347	H COURT S, FL 33065 Delete I EWEL PLCE 32806 Delete NGELA L IG WATER CIRCLE 761 Delete HIA A Y WAY	Address: City-St-Zip: Title: VD (X) Change () Addition Name: POWEL, LISA M Address: 3214 EDGECLIFFE DRIVE City-St-Zip: ORLANDO, FL 32806 Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN R. BROWN

STD

01/05/2004