

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90094 017 ***150.00

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1. Entity Name
BROWN INTERNATIONAL CORPORATION



Principal Place of Business
**633 N BARRANCA
PO BOX 1170
COVINA, CA 91722**

Mailing Address
**633 N BARRANCA
PO BOX 1170
COVINA, CA 91722**

30042004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

95-1530686

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELSON, W H
333 AVENUE M N W
WINTER HAVEN, FL 33880**

Name

DEVITO, J P

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

333 AVENUE M N W

City

WINTER HAVEN

FL

Zip Code
33880

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

John P. Devito **J. PETER DEVITO V.P.**

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

(NOTE: Registered Agent signature required when reinstating)

2-14-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LUND, V D
633 NORTH BARRANCA AVE
COVINA, CA 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DEVITO, J P
333 AVENUE "M" NW
WINTER HAVEN, FL 33880** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCOTT R ALEXANDER
633 NORTH BARRANCA AVE
COVINA, CA 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ADOLPH, BRYCE E
633 NORTH BARRANCA AVE
COVINA, CA 000000** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, R B
633 NORTH BARRANCA AVE
COVINA, CA 00000** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**A ST
W H NELSON
333 AVENUE M NW
WINTER HAVEN, FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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

John P. Devito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05
Date

(626-966-8961)
Daytime Phone #