

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 855880**

1. Entity Name  
**BROWN ASSOCIATES OF TENNESSEE, INC.**



Principal Place of Business  
**819 BROAD STREET  
CHATTANOOGA, TN 37402**

Mailing Address  
**PO BOX 11507  
CHATTANOOGA, TN 37401 US**

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**62-0808843**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000066705  
02/26/04-80026-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHTD BROWN, EDWARD E., JR. 819 BROAD STREET CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BROWN, ALLEN C. 819 BROAD STREET CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, ESTHER A. 819 BROAD STREET CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, C. HUXLEY 819 BROAD STREET CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Allen C. Brown)

President & Director

02/24/04

(423) 267-3776

Daytime Phone