


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 855880</b> 1. Entity Name BROWN ASSOCIATES OF TENNESSEE, INC.	
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Principal Place of Business 819 BROAD STREET CHATTANOOGA, TN 37402	Mailing Address PO BOX 11507 CHATTANOOGA, TN 37401 US
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03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-0808843	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
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	

11000000284817  
04/02/05-80019-022 150.00

**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)(f), 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:  (Allen C. Brown) 04/01/05 (423) 267-3776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President & Director Daytime Phone #