2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2004 8:00 am Secretary of State DOCUMENT # F02000000034 1. Entity Name 02-23-2004 90060 049 ***150.00 SAVAGE YACHTS CORF Brown Management Inc. dba; Savage Brown Yach Principal Place of Business Mailing Address 9548 W. GULF BLVD. TREASURE ISLAND FL 33706 10217 PARADISE BLVD TREASURE ISLAND FL 33706 94019102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 35-1636653 MEASINE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 9546 W. GULF BLVD. TREASURE ISLAND FL 33706 City Zip Code 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 a (NOTE: Registered Agent signature required when reinstating) of apent and title if applicable FILE NOW!!!: FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSCD** TITLE ☐ Delete TITLE Change | ☐ Addition NAME BROWN, KENNETH W NAME 10217 PARADISE BLVD STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition BROWN, KEVIN J NAME 10217 PARADISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP 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

ike empowered

SIGNATURE:

FILED