

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001332

Entity Name: D.M. BROWNRIGG, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

350 HOMESTEAD ROAD  
(C/O MAJESTIC GOLF CLUB)  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

20012 LAKE VISTA CIRCLE, NORTH #1  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 01-0482949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWNRIGG, JAMES P  
20012 LAKE VISTA CIRCLE, NO. #1  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTC  
Name: BROWNRIGG, DIANE M  
Address: 20012 LAKE VISTA CIRCE, NO #1  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VS  
Name: BROWNRIGG, JAMES P  
Address: 20012 LAKE VISTA CIRCE, NO #1  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

SIGNATURE: JAMES P BROWNRIGG

VS

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date