

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04875

FILED
Sep 15, 2005
Secretary of State**Entity Name:** J.W. BROWN, INC. LAND SURVEYORS**Current Principal Place of Business:**101 NW 75TH ST
SUITE 2
GAINESVILLE, FL 32607 US**New Principal Place of Business:**4421 NW 39TH AVE
STE 2- 2
GAINESVILLE, FL 32606 US**Current Mailing Address:**101 NW 75TH ST
SUITE 2
GAINESVILLE, FL 32607 US**New Mailing Address:**4421 NW 39TH AVE
STE 2-2
GAINESVILLE, FL 32606 US**FEI Number:** 59-2033413**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAAKER, ALAN
6540 NE 25TH AVE
OCALA, FL 34479 US**Name and Address of New Registered Agent:**HAAKER, LORI J
4421 NW 39TH AVE
GAINESVILLE, FL 32606 US

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: LORI J HAAKER

09/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAAKER, ALAN
Address: 6540 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: VP () Delete
Name: OWEN, DAVID H
Address: 3737 NW 75TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: OWEN, DAVID H
Address: HOLDEN RD LOT #8
City-St-Zip: PALATKA, FL 32177

Title: VPT (X) Delete
Name: HAAKER, LORI
Address: 6540 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: VP (X) Delete
Name: MARINOS, ATHANASIOS T
Address: 1839 SW 155TH AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: VP (X) Delete
Name: GOMIS, JACOB
Address: 5917 SW 114TH AVE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HAAKER, ALAN
Address: 6540 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: VPS (X) Change () Addition
Name: OWEN, DAVID H
Address: 3737 NW 75TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: VPT (X) Change () Addition
Name: HAAKER, LORI J
Address: 6540 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORI J HAAKER

VPT

09/15/2005

Electronic Signature of Signing Officer or Director

Date