2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 24, 2005 08:00 AM DOCUMENT # F40245 Secretary of State 1. Entity Name GEORGE BROWNING III, P.A. Principal Place of Business ____ Mailing Address % GEORGE BROWNING, III [—] 46 NORTH WASHINGTON BLVD UNIT 27 % GEORGE BROWNING, III 46 NORTH WASHINGTON BLVD UNIT 27 SARASOTA FL 34236-5979 SARASOTA FL 34236-5979 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2115576 Not Applicable Zip Country 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 Name BROWNING, GEORGE, III Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD **UNIT 27** SARASOTA FL 34236 Zip Code City 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 | 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THUE THE Change Delete ☐ Addition BROWNING, GEORGE, III NAME H00000192580 46 N WASHINGTON BV STE27 STREET ADDRESS STREET ADDRÉSS 01/25/05-80022-023 150.00 CITY-ST-7IP SARASOTA FL CHY-S1-7P STD ☐ Change THEE ☐ Delete Trick ☐ Addition BROWNING, GEORGE, III NAME NAME STREET ADDRESS 46 N WASHINGTON BV STE27 STREET ADDRESS SARASOTA FL CHY-ST-7IP CITY ST-ZIP THLE ☐ Delete THE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete HIGH Change Addition NAME MAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DILL ☐ Defete 1111 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME SURFET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytme Phone #

Date