

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F84093

1. Entity Name  
TERENCE M. BROWN, P.A.



Principal Place of Business  
486 N. TEMPLE AVENUE  
P.O. BOX 40  
STARKE, FL 32091-7040

Mailing Address  
486 N. TEMPLE AVENUE  
P.O. BOX 40  
STARKE, FL 32091-7040

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2187912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BROWN, TERENCE M  
486 N. TEMPLE AVENUE  
STARKE, FL 32091

**DO NOT WRITE  
IN THIS SPACE**

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

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**  
**After May 1, 2004 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  
PD  
BROWN, TERENCE M  
1500 BESSENT RD  
STARKE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000118994  
04/19/04-80082-013 150.00

**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)(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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 904 964 8272  
Date Daytime Phone #