

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002695

1. Entity Name
NAT-BROWN, INC.



Principal Place of Business
**2622 AUDUBON RD
AUDUBON, PA 19403 US**

Mailing Address
**2622 AUDUBON RD
AUDUBON, PA 19403 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2853569

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000299921
04/11/05-80126-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
BROWN, JAMES R
4007 N. WARNER RD.
LAFAYETTE HILL, PA 19444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HALL, MICHAEL G
540 EAST MACADA ROAD
BETHLEHEM, PA 18017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KURTZ, JOHN R
2433 RIDGE RD
ELVERSON, PA 19520**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

JAMES R. BROWN

11/10/05
Date

610-666-7947
Daytime Phone #