


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**


04-20-2005 90291 028 \*\*\*150.00

<b>DOCUMENT # G18346</b>	
1. Entity Name <b>BROWN &amp; LUKE CONTRACTING COMPANY, INC.</b>	

Principal Place of Business <b>MARSH LANDING BUILDING POST OFFICE BOX 1333, SUITE 1 PONTE VERDA BEACH FL 32004-1333 US</b>	Mailing Address <b>4400 T.P.C. BLVD., N. P.O. BOX 1333 PONTE VERDA BEACH FL 32004-1333</b>
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2. Principal Place of Business <b>10439-1 Alta Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>10439-1 Alta Drive</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32226</b>	Country <b>USA</b>
Zip <b>32226</b>	Country <b>Duval</b>

	
1st MOORE	CR2E034 (10/04)
4. FEI Number <b>59-2243026</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent <b>EAKIN, PAUL M 599 ATLANTIC BLVD. SUITE 4 ATLANTIC BEACH FL 32233</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUKE, THOMAS L. 310 NORTH 15TH STREET FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Luke, Thomas L. 10745 Alta Drive Jacksonville, FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS HEILIG, MELANIE R 611 PONTE VEDRA LAKES BLVD., #3108 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, SHERRI 13230 GRANT LOGAN LANE JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Melanie R. Heilig* Corporate Secretary 4/13/05 (904) 285-7079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #