2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # G19958 1. Ensity Name J. RICHARD BROWN FAMILY CORPORATION								Mar 10, 2004 08:00 AM Secretary of State				
Frincipal Place of Business Mailing Address												
i		3		Mailing Address								
1806 DE LE SEBRING FI			1806 DE LEON PLACE SEBRING FL 33870									
			US									
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2. Principal F	Place of Busin	ess	3. Mai	3. Mailing Address								
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Suite, Apt	#, etc.		Suit	Suite, Apt. #, etc				MOORE	CR2E034	(11/03)		
City & Stat	te		City	City & State			4.	FEI Number	· · · · · · · · · · · · · · · · · · ·	I Ac	plied For	
Sity a state			,	3.5, 3.5 ()				59-225669	15	}	t Applicable	
Zip	Zip Country		Zip	Zip Co		itry		Certificate of Status Desired		\$8.75 Add		
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	6. Name	and Address of	Current Registere	ed Agent			7. 1	Name and Address of New	Registered A	gent	***	
						Name						
BROWN, LOIS E 1806 DE LEON PLACE						Street Address (P.O. Box Number is Not Acceptable)						
SEBRING FL 33870											·	
						City			FL	Zip Cod	e	
B. The change and a state of the state of th						and affice or remin						
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 broad	or printed name of requ	stered agent and tille if and	plicable (NO	E Recustore	d Agent signature regul	red when re	Instatuos	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign F Trust Fund Contribut	~		0 May Be I to Fees	
10.		OFFICE	RS AND DIRECTO	RS .	. 11.		AΩ	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	SIN tt	
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12. I hereby	certify that the	e information sup	plied with this filing	does not qualify fo	r the exe	mption stated in 1	Section	119.07(3)(i), Florida Statutes	. I further cen	ify that the ir	iformation	
indicated of the cor	i on this repor rporation or th	t or supplementa re receiver or trus	il report is true and stee empowered to	accurate and that execute this report	my signa : as requi	ture shall have th	e same	legal effect as if made under	nath that is	m ao 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 it changed, or on an attachment with an address, with all other like empowered.												
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