

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G33190

1. Entity Name
BROWNE CREATIVE ENTERPRISES, INC.



Principal Place of Business
**531 REID STREET
SARASOTA, FL 34237 US**

Mailing Address
**POST OFFICE BOX 5549
SARASOTA, FL 34277-5549 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0903275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GEORGE, EUGENE O ESQ.
2750 RINGLING BLVD.
SUITE 3
SARASOTA, FL 34237**

**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 reconstituting)

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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWNE, ROBERT D
STREET ADDRESS	28 INDIAN HILL ROAD
CITY-ST-ZIP	WILTON, CT 06897
TITLE	VPT
NAME	BROWNE, CHRISTOPHER K
STREET ADDRESS	531 REID ST
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	S
NAME	BROWNE, SALLY
STREET ADDRESS	8704 WOODBRIAR DRIVE
CITY-ST-ZIP	SARASOTA, FL 34238
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)(f), 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: *Christopher K. Browne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director BCS-1-24-05

941-346-2568