





**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/31

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-31-2004 90001 002 ***150.00

| | | |
|---|---|---|
| DOCUMENT # G89732 | |  |
| 1. Entity Name BROWNING'S CONVENIENCE STORE, INC. | | |
| Principal Place of Business 2123 SAXON BLVD. DELTONA, FL 32725 | | Mailing Address 2123 SAXON BLVD. DELTONA, FL 32725 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 66433856 |
| | |  |
| | | 07222004 No Chg-P CR2E034 (10/03) |
| 4. FEI Number 59-2381784 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| BROWNING, GEORGE T. 2685 S. CALL AVENUE DELTONA, FL 32725 | | 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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE: 8-28-04 |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROWNING, LARRY 864 ARLENE DRIVE DELTONA, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP. BROWNING, GEORGE T. 2685 S CALL AVENUE DELTONA, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLADES, BARBARA 1485 LACASITA STREET DELTONA, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 8-28-04 Daytime Phone #: 386-789-2329 |

Attachment 66433856

689732

July 29, 2004

Division of Corporations
P.O. Box 6198
~~Tallahassee, FL 32314-6198~~

Gentlemen:

I am enclosing the Annual Report for Brownings Convenience Store, Inc. along with a check for the \$150.00 fee.

I did not receive a renewal form in the mail and was unaware of the filing deadline.

Sincerely,

George T. Browning
President