


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H39131</b> 1. Entity Name ROY BROWN LINCOLN-MERCURY, INC.	
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Principal Place of Business 2121 NW HWY 19 CRYSTAL RIVER, FL 34428 US	Mailing Address % JOHN CRIDER 2121 NW HWY 19 CRYSTAL RIVER, FL 34428 US
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02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2496917	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  CRIDER, JOHN 521 FORT ISLAND TRAIL SUITE A CRYSTAL RIVER, FL 34429
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ROY F. 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRIDER, JOHN 521 W FORT ISLAND TRAIL CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP BROWN, RANDY 841 N O'BRIEN POINT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SUSAN G 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RYAN 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000058724  
02/20/04-80051-015 150.00

**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:  2-17-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROY F. BROWN, President