


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90094 025 ***150.00

DOCUMENT # H39131 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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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2496917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 LECNATO, 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	

**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)(j), 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>	4-11-05 <small>Date</small>	352 795-4981 <small>Daytime Phone #</small>
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