


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90011 027 \*\*\*158.75

<b>DOCUMENT # H86404</b>					
1. Entity Name <b>PETER R. BROWN CONSTRUCTION, INC.</b>					
Principal Place of Business <b>1475 S. BELCHER RD. LARGO, FL 33771 US</b>			Mailing Address <b>P. O. BOX 4100 CLEARWATER, FL 33758 US</b>		
2. Principal Place of Business <b>13830 58th Street N</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite #401</b>			Suite, Apt. #, etc.		
City & State <b>Clearwater, Florida</b>			City & State		
Zip <b>33760</b>		Country <b>USA</b>		4. FEI Number <b>59-2627942</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MITCHELL, JUDY A 327 LOTUS PATH CLEARWATER, FL <del>33752</del> 33756</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 file if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIBBARD, ROBERT 209 W SENELA TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 W. Seneca		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP VARGAS, EDUARDO 59 DOLPHIN DR TREASURE ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVP/D Treasure Island, FL 33706		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MITCHELL, JUDY A 327 LOTUS PATH CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clearwater, Florida 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, DARLENE 4606 W GRAY ST #209 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEWART, JOHN R. 7101 CARMEL DR. TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, Florida 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER, STEVEN M 724 PUTTER DR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Leach, Michael Keith 501 Truett Drive, Tallahassee, FL 32303		
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 an other like empowered.					
SIGNATURE: <u>Judy Mitchell, PRES</u>		Date: <u>1-22-04</u> (727) 531-1466			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					