


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H86404**  
 1. Entity Name  
**PETER R. BROWN CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
**13830 58TH ST. N**      **P. O. BOX 4100**  
**SUITE 401**      **CLEARWATER, FL 33758 US**  
**CLEARWATER, FL 33760 US**

**DO NOT WRITE IN THIS SPACE**



01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2627942</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> A	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**MITCHELL, JUDY A**  
**327 LOTUS PATH**  
**CLEARWATER, FL 33756**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	VP VISLAY, JOE 172 COWPEN LANE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP VARGAS, EDUARDO M 59 DOLPHIN DR SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MITCHELL, JUDY A 327 LOTUS PATH CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, DARLENE 4606 W GRAY ST #209 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP STEWART, JOHN R. 7101 CARMEL DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEACH, MICHAEL K 501 TRUETT DR TALLAHASSEE, FL 32303

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 01/22/08-80031-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Judy Mitchell      1-7-08      (727)535-6407  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #