**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

## DOCUMENT # H86404

PETER R. BROWN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

13830 58TH ST. N

SUITE 401

CLEARWATER, FL 33760 US

P. O. BOX 4100 CLEARWATER, FL 33758

US

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



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01072008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2627942

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstaling)

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	EVPD VARGAS, EDUARDO M
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	EVPD 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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12. Thereby 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:

NING OFFICER OR DIRECTOR