


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J04158</b> 1. Entity Name DOUGLAS W. BROWN & ASSOCIATES, INC.	
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Principal Place of Business 1848 PARK AVENUE ORANGE PARK, FL 32073-4913	Mailing Address 1848 PARK AVENUE ORANGE PARK, FL 32073-4913
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02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2649817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HARRIS, CYNTHIA K 1329 KINGSLEY AVENUE SUITE D ORANGE PARK, FL 32073
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

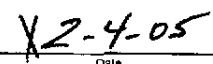
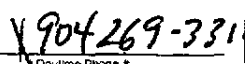
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DOUGLAS W. 2974 ROSECRANS LANE GREEN COVE SPGS., FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, DOUGLAS W. 2974 ROSECRANS LANE GREEN COVE SPRINGS, FL 32043
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000218459 02/07/05-80067-008 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 authority like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2-4-05  904269-3310  
Date Daytime Phone #