

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97209

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** BROWN INVESTMENT CORPORATION, INC.

**Current Principal Place of Business:**

40 AUDUSSON AVENUE  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1415  
PENSACOLA, FL 325911415 US

**New Mailing Address:**

10131 NORIEGA DR  
PENSACOLA, FL 325148149 US

**FEI Number:** 59-2852400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, WARREN T  
1700 OSCEOLA BLVD.  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BROWN, WARREN T  
**Address:** 1700 OSCEOLA BLVD  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** D  
**Name:** BRYAN, GARY WAYNE  
**Address:** 5698 BERRYHILL RD.  
**City-St-Zip:** MILTON, FL 32570 US

**Title:** D  
**Name:** BRYAN, SHIRLEY F  
**Address:** 10131 NORIEGA DR.  
**City-St-Zip:** PENSACOLA, FL 32514 US

**Title:** D  
**Name:** BRYAN, STEVEN MARK  
**Address:** 451 LAURELLEAF LANE  
**City-St-Zip:** COVINGTON, LA 70433 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHIRLEY F BRYAN

D

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date