

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K54673

1. Entity Name
OUR FAMILY, INC.



Principal Place of Business

282 SANCTUARY DR
CRYSTAL BCH, FL 34681 US

Mailing Address

PO BOX 873
CRYSTAL BCH, FL 34681 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2919536

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, STUART R.
282 SANCTUARY DR
CRYSTAL BEACH, FL 34681

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IN THIS SPACE**

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP BROWN, STUART R. 282 SANCTUARY DR CRYSTAL BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, SCOTT A 282 SANCTUARY DRIVE CRYSTAL BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, WENDY J. 282 SANCTUARY DR CRYSTAL BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, GAYLE D. 282 SANCTUARY DR CRYSTAL BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/04-B0075-022 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04
Date

727 786 2586
Daytime Phone #