


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L62269 1. Entity Name BROWN'S GYMNASTICS OF WINTER PARK, INC.	
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Principal Place of Business 6870 STAPOINT COURT WINTER PARK, FL 32792	Mailing Address 2716 DEER BERRY COURT LONGWOOD, FL 32779
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03272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3008477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, RITA F. 740 ORANGE AVENUE ALTAMONTE SPRINGS, FL 32714
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000099351 03/31/04-80002-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD BROWN, RITA F. 740 ORANGE AVENUE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SVT BROWN, RITA F. 740 ORANGE AVENUE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BROWN, RITA F. 740 ORANGE AVENUE ALTAMONTE SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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)(i), 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.  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/28/04 <small>Date</small>	407-869-8744 <small>Daytime Phone #</small>
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