## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 14, 2008 08:00 AN **Secretary of State** DOCUMENT # M85786 BROWN FAMILY, INC. Principal Place of Business Mailing Address 5215 SR 64TH E PO BOX 449 ELLENTON, FL 34222 BRADENTON, FL 34208 CR2E034 (11/05) 02112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0059168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 學"很快。 Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BROWN, THOMAS B. 32 TIDY ISLAND BLVD BRADENTON, FL 34210 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 regulred when reinstating) DATE U00000895837 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 04/24/08-80082-019 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSD** TITLE BROWN, THOMAS B. NAME STREET ADDRESS 32 TIDY ISLAND BLVD CITY-ST-ZIP BRADENTON, FL 34210 VΡ TITLE BROWN, THOMAS B., JR. NAME STREET ADDRESS 815 - 20TH AVE W PALMETTO, FL 34221 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Thomas B Brown 4-8-2008

941-741-2500

Davtime Phone #