


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M86419</b> 1. Entity Name <b>L &amp; R BROWN PAINTING CONTRACTORS, INC.</b>		
Principal Place of Business <b>%JOYCE M. BROWN 1236 MORNINGSIDE DR. NAPLES, FL 34103 US</b>	Mailing Address <b>%JOYCE M. BROWN 1236 MORNINGSIDE DR. NAPLES, FL 34103</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BROWN, JOYCE M. 1236 MORNINGSIDE DR. NAPLES, FL 34103</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 file if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROWN, LEVERETT A. 1236 MORNINGSIDE DR. NAPLES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, JOYCE M. 1236 MORNINGSIDE DR. NAPLES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, ALLEN R 1019 CYPRESWOODS DR NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 all other like empowered		
SIGNATURE: <u>Joyce Brown</u> <u>Joyce Brown</u> <u>Secretary Feb 18 2005</u> <u>1-339 261-0370</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0052805</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/21/05-80037-012 150.00

**DO NOT WRITE  
IN THIS SPACE**