


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000042027

Entity Name
BROWN'S MASONRY, INC.



Principal Place of Business
4566 CHURCH STREET
BAGDAD, FL 32530

Mailing Address
PO BOX 391
BAGDAD, FL 32530

DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3716618

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent

BROWN, DOUGLAS G
4566 CHURCH STREET
BAGDAD, FL 32530

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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BROWN, DOUGLAS G
STREET ADDRESS	4566 CHURCH STREET
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	ST
NAME	BROWN, KARON Y
STREET ADDRESS	4566 CHURCH STREET
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	DV
NAME	BROWN, ANTHONY S
STREET ADDRESS	5829 NORTHROP ROAD
CITY-ST-ZIP	MILTON, FL 32572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Karon Brown **8-9-05 850626-1823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #