

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90012 008 \*\*\*550.00

**DOCUMENT # P01000081789**

1. Entity Name

AUSTIN BROWN TRANSPORT, INC.



Principal Place of Business

5797 BEAURIVAGE AVE.  
SARASOTA, FL 34243

Mailing Address

P.O BOX 20083  
SARASOTA FL 34276

2. Principal Place of Business

4463 OAK VIEW DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

USA

Zip

Country

Country

Country

4. FEI Number

65-1131483

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, STEVEN A  
5797 BEAURIVAGE AVENUE  
SARASOTA FL 34243

Same  
New Address

7. Name and Address of New Registered Agent

Name STEVEN BROWN

Street Address (P.O. Box Number is Not Acceptable)

4463 OAK VIEW DR.

City SARASOTA

FL

Zip Code 34232

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

STEVEN BROWN PRES 8/3/04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, STEVEN	
STREET ADDRESS	5797 BEAURIVAGE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUSTIN, STEPHEN	
STREET ADDRESS	2481 MILMAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN BROWN	
STREET ADDRESS	4463 OAK VIEW DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04

Date

941 356 8819

Daytime Phone #