

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90193 014 \*\*\*150.00

**DOCUMENT # P02000000099**

1. Entity Name  
**BROW ENTERPRISES, INC.**



Principal Place of Business  
**915 HIBISCUS LANE  
DELRAY BEACH, FL 33444**

Mailing Address  
**915 HIBISCUS LANE  
DELRAY BEACH, FL 33444**

**42070000**



2. Principal Place of Business  
**2020 NW 3rd AVE**

3. Mailing Address  
**2020 NW 3rd AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State  
**DELRAY BEACH FL**

City & State  
**DELRAY BEACH FL**

Zip  
**33444**

Country

Zip  
**33444**

Country

4. FEI Number  
**80-0004987**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROW, DAVID J  
915 HIBISCUS LANE  
DELRAY BEACH, FL 33444**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2020 3rd AVE**

City **DELRAY BEACH**

**FL**

Zip Code  
**33444**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **BROW, DAVID J**  
STREET ADDRESS **915 HIBISCUS LANE**  
CITY - ST - ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2020 3rd AVE**  
CITY - ST - ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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.

**DAVID J BROW**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/04 561-272-2484**

Date

Daytime Phone #