

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90395 041 ***150.00

DOCUMENT # P02000019229					
1. Entity Name BROWNLEE ENTERPRISES, INC.					
Principal Place of Business 12864 BISCAYNE BLVD #179 NORTH MIAMI FL 33181			Mailing Address 12864 BISCAYNE BLVD #179 NORTH MIAMI FL 33181		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0548191	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWNLEE, ROBERT M JR 12864 BISCAYNE BLVD 179 MIAMI-FL-33181			7. Name and Address of New Registered Agent Name ROBERT M. BROWNLEE, JR. Street Address (P.O. Box Number is Not Acceptable) PROF. PAVEMENT TECHNICIANS 12864 BISCAYNE BLVD, # 179 City NO. MIAMI FL Zip Code 33181		
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 <i>Robert M. Brownlee Jr</i> ROBERT M. BROWNLEE, JR, PRES 3/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNLEE, ROBERT M JR 899 NE 99TH ST MIAMI SHORES FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT M. BROWNLEE, JR. 1400 3800 NW 32 AVENUE MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNLEE, ROBERT M JR 899 NE 99TH ST MIAMI SHORES FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNLEE, ROBERT M JR 899 NE 99TH ST MIAMI SHORES FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <i>Robert M. Brownlee Jr</i> PRES. 3/10/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/10/04 Daytime Phone #		