

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90019 040 \*\*\*150.00

**DOCUMENT # P02000021662**

1. Entity Name

SUSAN K. BROWN & ASSOCIATES, INC.



Principal Place of Business

2600 NORTH FLAGLER DRIVE  
SUITE 906  
WEST PALM BEACH FL 33407  
US

Mailing Address

2600 NORTH FLAGLER DRIVE  
SUITE 906  
WEST PALM BEACH FL 33407  
US

**34013861**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

301 Lake Shore Drive  
Suite, Apt. #, etc.  
# 106

3. Mailing Address

301 Lake Shore Drive  
Suite, Apt. #, etc.  
# 106

City & State

Lake Park, Florida

City & State

Lake Park Florida

Zip  
33403

Country  
USA

Zip  
33403

Country  
USA

4. FEI Number

75-3022714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, SUSAN K  
2600 NORTH FLAGLER DRIVE  
SUITE 906  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: Brown, Susan K  
Street Address (P.O. Box Number is Not Acceptable)  
301 Lake Shore Drive  
# 106  
City: Lake Park FL Zip Code: 33403

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**

**After May 1, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, SUSAN K	
STREET ADDRESS	2600 NORTH FLAGLER DRIVE, SUITE 906	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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	<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	
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:** Susan Kay Brown Susan Kay Brown, President 2/24/04 (561)627-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #