

05/25/2004 13:23 FAX 9043326430

SENT BY: KINGSLEY;

JOEL CHAMBERLAIN CPA

9047253883;

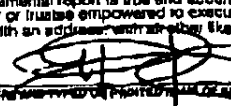
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FILED
May 27, 2004 8:00 am
Secretary of State

04-28-2004 90262 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/21

DOCUMENT # P02000052948			
1. Entity Name RICHARD BROWN ENTERPRISES, INC.			
Principal Place of Business 1628 SAN MARCO BLVD SUITE #8 JACKSONVILLE, FL 32207		Mailing Address 5506 STANFORD RD JACKSONVILLE, FL 32207	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number APPLIED FOR 76-0702406		Applied For Not Applicable	
5. Certificate of Status Desired		68.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, THOMAS R JR 5506 STANFORD RD JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Position of Agent Signature Required when renewing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BROWN, THOMAS R JR 5506 STANFORD RD JACKSONVILLE, FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change or other like empowered.			
SIGNATURE: 		4.26.04 904-838-9570	