2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094615

1. Entity Name
JEFFREY BROWN'S PLUMBING, INC.

Principal Place of Business	Mailing Address
917 WEEKS RD FT WALTON BEACH, FL 32547	917 WEEKS RD FT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
14-1844477		Not Applicable
5. Certificate of Status Desired	☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JEFFREY K
917 WEEKS RD
FT WALTON BEACH, FL 32547

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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**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	U00000051450 02/16/04-80052-006 158.75

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN JEFFREY, K
STREET ADDRESS	917 WEEKS RD
CITY-ST-ZIP	FT WALTON BEACH, FL 32547

TITLE	ST
NAME	BROWN, CRYSTAL R
STREET ADDRESS	917 WEEKS RD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Crystal Brown_ Crystal Brown Secretary 1-31-04 850863 2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #