

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099114

FILED
Aug 13, 2004
Secretary of State

Entity Name: BROWN LANDSCAPE MANAGEMENT INC

Current Principal Place of Business:

1337 SE BILTMORE ST
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

20786 GLADES CUT OFF RD
FORT PIERCE, FL 34987

Current Mailing Address:

P.O. BOX 12268
FT PIERCE, FL 34979

New Mailing Address:

20786 GLADES CUT OFF RD
FT PIERCE, FL 34987

FEI Number: 61-1425497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DERON H
2743 SW HAMILTON AVE
PORT SAINT LUCIE, FL 34987 US

Name and Address of New Registered Agent:

BROWN, DERON H
20786 GLADES CUT OFF RD
FORT PIERCE, FL 34987 US

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.

SIGNATURE:

08/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, STACEY-LYN
Address: 2743 SW HAMILTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP () Delete
Name: BROWN, DERON H
Address: 2743 SW HAMILTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, STACEY-LYN
Address: 20786 GLADES CUT OFF RD
City-St-Zip: FORT PIERCE, FL 34987

Title: VP (X) Change () Addition
Name: BROWN, DERON
Address: 20786 GLADES CUT OFF RD
City-St-Zip: FORT PIERCE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY-LYN BROWN

P

08/13/2004

Electronic Signature of Signing Officer or Director

Date