

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90213 037 \*\*\*150.00

**DOCUMENT # P02000100731**

1. Entity Name

**BROWN CONSTRUCTION, INC. OF PONCE DE LEON.**



Principal Place of Business

HOLMES CO  
2376 CORINTH RD  
PONCE DE LEON FL 32455

Mailing Address

PO BOX 64  
PONCE DE LEON FL 32455

2. Principal Place of Business

Holmes Co / 2376 Corinth Rd.  
Suite, Apt. #, etc.  
Ponce De Leon, Fl. 32455  
City & State

3. Mailing Address

P.O. Box 64  
Suite, Apt. #, etc.  
Ponce De Leon  
City & State  
Florida

24069364



MOORE CR2E034 (11/03)

4. FEI Number

16-1635949

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, OWEN CHUCK  
2376 CORINTH ROAD  
PONCE DE LEON FL 32455

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

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	D	<input type="checkbox"/> Delete
NAME	BROWN, OWEN CHUCK	
STREET ADDRESS	2376 CORINTH ROAD	
CITY - ST - ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, OWEN CRAIG	
STREET ADDRESS	2376 CORINTH ROAD	
CITY - ST - ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, JOHN	
STREET ADDRESS	2376 CORINTH ROAD	
CITY - ST - ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, AMANDA	
STREET ADDRESS	2376 CORINTH ROAD	
CITY - ST - ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JANICE	
STREET ADDRESS	2376 CORINTH ROAD	
CITY - ST - ZIP	PONCE DE LEON FL 32455	
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		

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: *Owen Chuck Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-03-04  
Date

850-956-4291  
Daytime Phone #