

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90058 009 \*\*\*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

**2376 Corinth Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 64**

Suite, Apt. #, etc.

City & State

**Ponce De Leon, Fla. 32455**

Zip  
**32455**

Country  
**U.S.**

City & State

**Ponce De Leon, Fla. 32455**

Zip  
**32455**

Country  
**U.S.**

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, 2005 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** ☐ Delete  
NAME **BROWN, OWEN CHUCK** **CHUCK**  
STREET ADDRESS **2376 CORINTH ROAD**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **D** ☐ Delete  
NAME **BROWN, OWEN CRAIG**  
STREET ADDRESS **2376 CORINTH ROAD**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **D** ☐ Delete  
NAME **POWERS, JOHN**  
STREET ADDRESS **2376 CORINTH ROAD**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **D** ☐ Delete  
NAME **POWERS, AMANDA**  
STREET ADDRESS **2376 CORINTH ROAD**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **D** ☐ Delete  
NAME **BROWN, JANICE**  
STREET ADDRESS **2376 CORINTH ROAD**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Owen Chuck Brown Owner-Pres. 1-26-05 (1-850-956-4291)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #