

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015420

FILED
May 01, 2005
Secretary of State

Entity Name: JOHN C. BROWN INSTALLATIONS, INC.

Current Principal Place of Business:

41 CAPISTRANO DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

41 CAPISTRANO DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 06-1687024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOHN C
41 CAPISTRANO DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: BROWN, THERESA J CHAIRPE
Address: 41 CAPISTRANO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: PRES () Delete
Name: BROWN, THERESA J PRESIDE
Address: 41 CAPISTRANO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VICE () Delete
Name: BROWN, JOHN C VICE PR
Address: 41 CAPISTRANO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: SECR () Delete
Name: BROWN, JOHN D SECRETA
Address: 41 CAPISTRANO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TREA () Delete
Name: BROWN, JOHN D TREASUR
Address: 41 CAPISTRANO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THERESA J BROWN

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date