2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000077679

THE WRIGHT, BROWN, HILL PROPERTY DEVELOPMENT CORP.



Principal Place of Business

628 WILLIAMSBURG DRIVE DAYTONA BEACH, FL 32117-4019 Mailing Address

628 WILLIAMSBURG DRIVE DAYTONA BEACH, FL 32117-4019

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90722 001 ***100.00 04-18-2005 90722 002 ****50.00

PPATAPA



04082005

No Chg-P

CR2E034 (10/03)

4. FEI Number

57-1184218

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, STEVE J 628 WILLIAMSBURG DRIVE DAYTONA BEACH, FL 32117-4019

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		1,0000000			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered office	e or registered agent, or both, in	n the State of Florida. I am familiar	with, and accept
SIGNATURE_		,			
	Signature, typed or printed name of registered agent and title r	f applicable. (NOTE: Registered Agent sign	ignature required when reinstating)	, DATE `	•
				. (***	ï
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE	ST				999
NAME	BROWN, STEVE J				
STREET ADDRESS	628 WILLIAMSBURG DRIVE				
CITY-ST-ZIP	DAYTONA BEACH, FL 321174019				
TITLE	V				
NAME	HILL, WALTER J				
STREET ADDRESS	622 WINCHESTER				
CITY-ST-ZIP	DAYTONA BEACH, FL 32114				
TITLE	Р				
NAME	WRIGHT, ARTHUR M				
STREET ADDRESS	601-HOLMES AVENUE				
CITY-ST-ZIP	DAYTONA BEACH, FL 321141802		no N	IOT WRITE	**************************************
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TITLE			IN T	HIS SPACE	
NAME			11.4.1.1	II W WI F W Rear	
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
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CITY-ST-ZIP					
TITLE					
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12. Thereby 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 employered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adpress, with by other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #