

2004 FOR PROFIT CORPORATION ANNUAL REPORT


51.

FILED
May 24, 2004 8:00 am
Secretary of State

05-03-2004 90427 018 ***150.00

DOCUMENT # P0300079201

1. Entity Name
RICHARD W. BROWN INVESTMENTS, INC.



Principal Place of Business 12800 UNIVERSITY DR. SUITE 650 FT. MYERS, FL 33907	Mailing Address 12800 UNIVERSITY DR. SUITE 650 FT. MYERS, FL 33907
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00443036



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BROWN, RICHARD W
 10050 MAGNOLIA POINTE DR.
 FT. MYERS, FL 33907

4. FEI Number
56-2376953

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE NAME BROWN, RICHARD W STREET ADDRESS 10050 MAGNOLIA POINTE DR. CITY-ST-ZIP FT. MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE: **4-29-04** DAYTIME PHONE # _____