

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000104362

1. Entity Name
BROWN CONTROLS AND INTEGRATION, INC.



Principal Place of Business
**9535 SW 206TH CT RD
DUNNELLON, FL 34431**

Mailing Address
**9535 SW 206TH CT RD
DUNNELLON, FL 34431**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0384632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MALONE, RONALD L ESQ
3366 SW 10TH TERRACE
OCALA, FL 34478**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BROWN, GOTTFRIED
STREET ADDRESS	9535 SW 206TH CT RD
CITY - ST - ZIP	DUNNELLON, FL 34431
TITLE	DVS
NAME	STANLEY-BROWN, CHERYL
STREET ADDRESS	9535 SW 206TH CT RD
CITY - ST - ZIP	DUNNELLON, FL 34431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/05/05-80036-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gottfried J. Brown Gottfried J. Brown 7/1/05 352.804.9416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #