2007 FOR PROFIT CORPORATION 'I ANNUAL REPORT (AR)

Mar 01, 2007 08:00 A DOCUMENT # P03000114420 **Secretary of State** 1. Entity Name BROWNING PROPERTY INSPECTION, INC. Principal Place of Business Mailing Address 9703 BRADEN RUN 9703 BRADEN RUN BRADENTON FL 34202 **BRADENTON FL 34202** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Numbor City & State Applied For 20-0304796 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNING, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 9703 BRADÉN RUN **BRADENTON FL 34202** 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition BROWNING, RICHARD C 9703 BRADEN RUN U00000652840 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** 03/12/07-80032-020 150.00 CITY-ST-ZIP CITY-ST-ZIP Addition HILE ☐ Detete Сhange STREET ADDRESS STREET ADDRESS CHY-SI-7/P CITY-S1-ZIP TITLE ☐ Delete ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete HILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE III Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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:

SIGNATURE AND TYPED ORERINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reidert 1/24/07 941-

FILED