## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P03000118047 1. Entity Name 04-23-2004 90212 001 \*\*\*150.00 THE BROWNING TEAM, INC. Principal Place of Business Mailing Address 7215 SPIKERUSH CT 7215 SPIKERUSH CT **24U3Y350 BRADENTON FL' 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address G/en Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For BRADENTON KRADENTON 65-12117 Not Applicable **Č**ountry \$8.75 Additional 5. Certificate of Status Desired MAUATEE MANATEE 34202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name --WINDT, JACK W ESQ Street Address (P.O. Box Number is Not Acceptable) 2389 RINGLING BLVD, STE A SARASOTA FL 34237 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 title 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition BROWNING, H.R BROWNING, H.R. NAME NAME 7215 SPIKERUSH CT 7507 Abbey Glen STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition BROWNING, SANDRA R NAME 7215 SPIKERUSH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED