


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90227 044 \*\*\*150.00

<b>DOCUMENT # P03000133450</b>					
<b>1. Entity Name</b> BROWN AND CANADY CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805			<b>Mailing Address</b> 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805		
<b>2. Principal Place of Business</b> <i>1056 N. Lincoln Avenue</i>		<b>3. Mailing Address</b> <i>1056 N. Lincoln Avenue</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Lakeland, Florida</i>		<b>City &amp; State</b> <i>Lakeland, Florida</i>		<b>4. FEI Number</b> <i>33-1075162</i>	
<b>Zip</b> <i>33805</i>		<b>Country</b> <i>POLK</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROWN, ANTHONY 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ANTHONY 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, ERICKA 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, STEVE 1056 N. LINCOLN AVENUE LAKE LAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANADY, TORRIE 4803 ELONE CRESENT #55 LAKE LAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Anthony L Brown</i>			24 march 04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
(863) 682-4156			Daytime Phone #		