2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2004-90008-015-$558.75-$558.75

DOCUMENT # P03000139782

1. Entity Name

BJ BROWNING CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 15 AM 8:00

Principal Place of Business	Mailing Address
2507 SUMMER GLEN DRIVE ORLANDO FL 32818	2507 SUMMER GLEN DRIVE ORLANDO FL 32818

MOORE CR2E034 (4/04) MRD

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

4. FEI Number: 20-0444789 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNING, BOBBY J
2507 SUMMER GLEN DRIVE
ORLANDO FL 32818

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 [signature] Sept 2-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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 IN 11	
TITLE	PST ☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	BROWNING, BOBBY J MR.	NAME	Rita J. Tucker
STREET ADDRESS	2507 SUMMER GLEN DRIVE	STREET ADDRESS	13024 Waterford Woods Cir. #105
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	Orlando, FL. 32828
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Lois Browning
STREET ADDRESS		STREET ADDRESS	2507 Summer Glen Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL. 32818
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] B.J. Browning 08/18/04 407-298-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #