

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90155 008 \*\*\*150.00

**DOCUMENT # P04000146427**

1. Entity Name  
**BROWNING STUCCO AND PLASTERING, INC.**



Principal Place of Business  
1515 NEW YORK AVENUE  
SAINT CLOUD, FL 34769

Mailing Address  
1515 NEW YORK AVENUE  
SAINT CLOUD, FL 34769

**50019243**



2. Principal Place of Business  
**1515 New York Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**1449 AVENUE G NE**  
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State  
**St. Cloud, FL**  
Zip  
**34769**  
Country  
**USA**

City & State  
**Winter Haven, FL**  
Zip  
**33881**  
Country  
**USA**

4. FEI Number  
**11-0650751**  
Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWNING, PAUL F**  
1515 NEW YORK AVENUE  
SAINT CLOUD, FL 34769

**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 **Tammi R. Browning Secretary** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BROWNING, PAUL F</b><br><b>1515 NEW YORK AVE.</b><br><b>ST. CLOUD, FL 34769</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>BROWNING, PAUL C</b><br><b>1515 NEW YORK AVE.</b><br><b>ST. CLOUD, FL 34769</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECR</b><br><b>BROWNING, TAMMI R</b><br><b>1515 NEW YORK AVE</b><br><b>ST. CLOUD, FL 34769</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Browning, Paul F</b><br><b>1449 AVENUE G NE</b><br><b>Winter Haven, FL 33881</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **Tammi R. Browning** **1/15/05** **407-908-8804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #