


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90036 030 ***158.75

DOCUMENT # P04000149794	
1. Entity Name BROWN'S HOME IMPROVEMENT, INC.	

Principal Place of Business 21221 142ND PLACE UMATILLA, FL 32727	Mailing Address POST OFFICE BOX 385 EUSTIS, FL 32727
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2. Principal Place of Business 21221 142ND PLACE Suite, Apt. #, etc.	3. Mailing Address PO BOX 385 Suite, Apt. #, etc.
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City & State UMATILLA FL	City & State EUSTIS FL
Zip 32784	Country US
Zip 32727	Country US

08112005 Chg-P CR2E034 (10/03)

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4. FEE NUMBER 20-1801034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, KRIS 21221 142ND PLACE UMATILLA, FL 32727	
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: *Kris A. Brown* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, KRIS 21221 142ND PLACE UMATILLA, FL 32727 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kris A. Brown* **Sep. 6, 05** (352) 455-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #