


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000089728</b>	
1. Entity Name <b>GLEND A BROWN, P.A.</b>	

Principal Place of Business <b>4010 THACKERY WAY PLANT CITY, FL 33566</b>	Mailing Address <b>4010 THACKERY WAY PLANT CITY, FL 33566</b>
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3107010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GLEND A  
4010 THACKERY WAY  
PLANT CITY, FL 33566**

**DO NOT WRITE IN THIS SPACE**

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 *Glenda Brown* DATE *2/28/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>BROWN, GLEND A</b>
STREET ADDRESS <b>401 THACKERY WAY</b>	
CITY-ST-ZIP <b>PLANT CITY, FL 33566</b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

**DO NOT WRITE IN THIS SPACE**

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03/17/08-80004-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Glenda Brown* *President* DATE *2/28/08* DAYTIME PHONE # *813 757 6436*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR