#150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000057746

1. Entity Name
H. BROWN CONSTRUCTION CO.

FILED
05 FEB 23 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18599 NE BLACK MCNAIR RD. HOSFORD, FL 32334	18599 NE BLACK MCNAIR RD. HOSFORD, FL 32334

02212005 No Chg-P CR2E034 (10/03) MRS

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4. FEI Number
59-3196508

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BROWN, JOSEPH H
18599 NE BLACK MCNAIR RD
HOSFORD, FL 32334

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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 of new registered agent (if applicable) Date Signature of new registered agent (if applicable)

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 Fee

800047154728
02/24/05--01001--002 **193.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, JOSEPH H
STREET ADDRESS	18599 NE BLACK MCNAIR RD
CITY-ST-ZIP	HOSFORD, FL
TITLE	ST
NAME	BROWN, KRISTIN
STREET ADDRESS	18599 NE BLACK MCNAIR RD.
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	VP
NAME	BROWN, KEVIN
STREET ADDRESS	18599 NE BLACK MCNAIR RD.
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph K. Brown 2/21/05 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title