2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM

January 4, 2005 352-3834974

Daytime Phone #

DOCUMENT # P93000080866 1. Entity Name BROWN GROVES OF CENTRAL FLORIDA, INC.				S	Secretary of	State
Frincipal Place of Business Mailing Address 6180 DORA DR MOUNT DORA, FL 32757 MOUNT DORA, FL 32757						
DO NOT WRITE IN THIS SPACE			CE	01042005 No Chg-F 4. FEI Number 59-3211642 5. Certificate of Status Desir	ed S8.75 A	Applied For Not Applicable dditional
BROWN, WILLIAM A 6180 DORA DR MOUNT DORA, FL 32757			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ad to Fees		
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM A 6180 DORA DR MOUNT DORA, FL 32757	TOHS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY A 6180 DORA DR MOUNT DORA, FL 32757	000000175233 01/10/05-80043-009 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Company and and a company and	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corporated,	certify that the information supplied with this fili- on this report or supplemental report is true ar poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exemp of accurate and that my signature to execute this report as required other like empowered.	ition stated in Section is shall have the sand I by Chapter 607, Fl	on 119.07(3)(i), Florida Statu ne lega! effect as if made un lorida Statutes; an d that my	tes. I further certify that the lider oath; that I am an officer name appears in Block 10 or	nformation or director Block 11 if

Silliam NAROWN WILLIAM A. BROWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _S