

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000001884

1. Entity Name
BROWNKNOWS, INC.



FILED

04 APR 30 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 VILLAGE SQUARE BLVD
3-329
TALLAHASSEE, FL 32312 US

Mailing Address
1400 VILLAGE SQUARE BLVD
3-329
TALLAHASSEE, FL 32312 US



DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0586870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, LUKE S
315 S CALHOUN ST., STE 600
TALLAHASSEE, FL 32301

**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 _____

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BROWN, LUKE S 1400 VILLAGE SQ BLVD #3-329 TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BROWN, DORIAN L 1400 VILLAGE SQ BLVD #3-329 TALLAHASSEE, FL 32312
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100035791081
05/10/04--01004--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luke S Brown 4/30/04 850/425-5628