

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043103

Entity Name: BROWN'S TAXIDERMY, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

525 GLENN CHEEK DR
PORT CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

525 GLENN CHEEK DR
PORT CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3256957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, DAVID H ESQ
1581 ROBERT J CONLAN BLVD NE
SUITE 100
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, ROBERT F
Address: 149 TEQUISTA HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DVS () Delete
Name: BROWN, LESLEE H
Address: 149 TEQUESTA HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F BROWN

PRES

04/07/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date