

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000054255

1. Entity Name  
BROWER ARCHITECTURAL ASSOCIATES, INC.



FILED

05 FEB 21 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

350 S. COUNTY ROAD  
SUITE 207  
PALM BEACH, FL 33480 US

Mailing Address

350 S. COUNTY ROAD  
SUITE 207  
PALM BEACH, FL 33480 US



02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0519269

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWER, JAMES K II  
1110 SOUTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460

**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, 2005 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  
D P  
BROWER, JAMES K II  
1110 SOUTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

*ST. from  
Revenue  
AR 2/2*

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/09*

Date

*561-659-1948*

Daytime Phone #

CNPPPJT2 - 01 RUN DATE 02/08/2005 AS OF 02/08/2005  
FLAIR - CENTRAL ACCOUNTING

450000  
PAGE 1

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
OLO 450000 - DEPARTMENT OF STATE  
SITE - NO TITLE

SWDN C5000014052 ADOCNO 050939

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT
45 10 1 000132 45300100 00 000100 00	45		0010	150.00

TRANSACTION CODE TOTAL - 45 150.00

----- BENEFITTING DATA -----			
ACCOUNT CODE	CF	TC	OBJECT

TR96  
453001  
11  
001015

737410004057340100000

ENTERED FEB 11 2005

***Kathleen Bordeleau, P.A.***

Certified Public Accountant

February 4, 2005

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399-0250

Attention: Ms. Debbie Lollie

RE: **Ken Brower**  
**Brower Architectural Associates, Inc. FED ID # 65-0519269**

Dear Ms.Lollie:

The above referenced tax payer made a deposit of \$150 to the Florida Department of Revenue for an intangible tax due for the year 2004.

As Mr. Floyd Searcy discussed with you previously the money was transferred to the Division of Corporations for the payment of the filing fee for the above referenced corporation for the year 2004.

Brower Architectural Associates, Inc. had already paid the filing fee as of 02/09/04.

The taxpayer wishes to apply the \$150 overpayment to the filing fee for the year 2005.

Enclosed is the filing report for Brower Architectural Associates, Inc. (document # 94000054255) for the year 2005. We have not included the \$150 filing fee as it has been prepaid.

If you have any questions please feel free to call me at 561-625-6644.

Thank you for your attention to our request.

Sincerely yours,



Kathleen Bordeleau, CPA