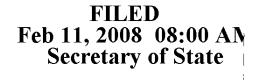
## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P94000090323 1. Enlity Name BROWN - REIFF & ASSOCIATES, INC. Principal Place of Business Mailing Address 4440 LAFAYETTE STREET P.O. BOX 5770 STE 3 MARIANNA, FL 32447 MARIANNA, FL 32446







## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 02082008 No Chg-P Applied For 4. FEI Number 59-3285685 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

REIFF, ROBERT P.O. BOX 5770 3125 WATSON DRIVE MARIANNA, FL 32446

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent					
Signature Signature, lyped or printed nerve of registered agent and the idiappleases. (NOTE: Registered Agent signature required when rentaling) DATE					DATE
		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000822174 02/19/08-80057-007 150.00
10. OFFICERS AND DIRECTORS				······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JACK R JR 3025 2ND ST MARIANNA, FL			Ŀ	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	S REIFF, ROBERT 3125 WATSON DRIVE MARIANNA, FL 32446				· ·
TITLE RAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP				• .	5
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.					

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