2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # P96000032045** 1. Entity Name MARY ANN BROWN, P.A. Principal Place of Business Mailing Address 4243 NW FEDERAL HWY 4243 NW FEDERAL HWY JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1132260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, MARY ANN DO NOT WRITE 2409 WILDERNESS DRIVE FORT PIERCE, FL 34982 IN THIS SPACE 8. The above named entity submits this staten ent 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed no 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. उत्तर ह U00000121777 04/21/04-80002-018 150.00 NAME BROWN, MARY ANN 2409 WILDERNESS DRIVE STREET ADDRESS FORT PIERCE, FL 34962 CITY-ST-ZIP THE KAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 333LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TELE

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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 eddress, with all other like empowered.

SIGNATURE: Mary Clar Grows

NAME STREET ADDRESS CITY-ST-ZIP