2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2004 08:00 AM Secretary of State DOCUMENT # P96000047271 1. Entity Name RICHARD L. BROWN, P.A. Principal Place of Business _ Mailing Address 545 BEACHLAND BLVD 545 BEACHLAND BLVD VERO BEACH, FL 32963 VERO BEACH, FL 32963 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3382070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, RICHARD L DO NOT WRITE 545 BEACHLAND BLVD VERO BEACH, FL 32963 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, typed or printed name of registered agent and tipe if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BROWN, RICHARD L NAME STREET ADDRESS 660 BEACHLAND BLVD #202 CITY-ST-ZIP VERO BEACH, FL 32963 000000001575 01/12/04-80015-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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, the all other like empowered.

SIGNATURE:

STREET ADDRESS

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-2317

FILED

Daytime Phone #