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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000064485

1. Entity Name
LOUIS H. BROWN BUILDING, INC.



**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90206 050 ***150.00

Principal Place of Business
3010 NE 16TH AVE #102
OAKLAND PARK, FL 33334 US

Mailing Address
576 PATTON THICKET ROAD
BURNSVILLE, NC 28714

2. Principal Place of Business
2510 OAKLAND PK. BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

Zip
33306

Country
USA

Zip

Country



04132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0738761	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, THOMAS R.
2636 NE 27TH COURT
FORT LAUDERDALE, FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, DAVID 2951 SOUTHHAVEN DRIVE ANNAPOLIS, MD 21401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAGY, JANICE P 3010 NE 16TH AVE #102 576 PATTON THICKET OAKLAND PARK, FL 33334 BURNSVILLE, NC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SUSAN T 3802 PARKMONT AVENUE BALTIMORE, MD 21206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVEN L 1706 E. COPPER STREET TUCSON, AZ 85719	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMROG, NANCY A 3127 N TERRELL PLACE TUCSON, AZ 85716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice P. Hagy, Secy/Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 (828)675-5898

Date

Daytime Phone #