

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90074 029 \*\*\*150.00

**DOCUMENT # P98000026396**

1. Entity Name  
**H.S.BROWN DIVERSIFIED INVESTMENTS, INC.**



Principal Place of Business

**1008 PINE ST  
TITUSVILLE, FL 32796**

Mailing Address

**P.O. BOX 1142  
TITUSVILLE, FL 32781 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3505141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, HUGH S  
1008 PINE ST  
TITUSVILLE, FL 32796**

7. Name and Address of New Registered Agent

Name

**Brown, Deborah S.**

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

**2595 LaGrange Road**

City

**Titusville,**

**FL**

Zip Code

**32796**

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

*Deborah S. Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**8-24-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BROWN, HUGH S**  
STREET ADDRESS **P O BOX 1142 N/A**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☐ Delete  
NAME **BROWN, DEBORAH S**  
STREET ADDRESS **P O BOX 1142 N/A**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Tracey B. Rendina**  
STREET ADDRESS **P.O. Box 1142**  
CITY-ST-ZIP **Titusville, FL 32781**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jennifer Leigh Butler**  
STREET ADDRESS **P. O. Box 1142**  
CITY-ST-ZIP **Titusville, FL 32781**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Deborah S. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-24-04**

Date

**321-264-3000**

Daytime Phone #