



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S17486 1. Entity Name BROWN FARM, INC.	
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Principal Place of Business P.O. BOX 365 POMONA PARK, FL 32181	Mailing Address P.O. BOX 365 POMONA PARK, FL 32181
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DO NOT WRITE IN THIS SPACE

	
03052004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3052449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RENNAU, ROSE LEE 116 LAKESIDE DRIVE POMONA PARK, FL 32181	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstalling)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNON, SUSAN B. 116 RIVERS EDGE ROAD NORTH SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRADELLA, JOAN V. 129 MIDDLETON PL POINT VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JUANITA B. P.O. BOX 1063 N/A HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOE MACK 243 USSERY RD CLARKSVILLE, TN 37043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNAU, ROSE P. O. BOX 365 N/A POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES C. 1560 KINNARD DR. FRANKLIN, TN 37064

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04/02/04-80002-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date: 3-9-04 Daytime Phone #: 615-315-0690
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	