


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90091 032 ***150.00

DOCUMENT # S27399 1. Entity Name BROWER & COMPANY REALTY, INC.			
Principal Place of Business 25 STONE ST. COCOA FL 32922 US		Mailing Address 25 STONE ST. COCOA FL 32922 US	
2. Principal Place of Business 327 MAGNOLIA AVE		3. Mailing Address 327 MAGNOLIA AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MERRITT IS. FL		City & State MERRITT ISLAND FL	
Zip 32952		Zip 32952	
Country US		Country US	
4. FEI Number 59-3048622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWER, JOHN E 25 STONE ST. COCOA FL 32922		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DPVT BROWER, JOHN E 25 STONE ST. COCOA FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 327 MAGNOLIA AVE MERRITT IS. FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S BROWER, JOHN E 25 STONE ST. COCOA FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 327 MAGNOLIA AVE MERRITT IS. FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #