

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S88256

1. Entity Name
R.G. BROWN TRUCKING, INC.



Principal Place of Business
HWY 65 SOUTH
HOSFORD, FL 32334 US

Mailing Address
PO BOX 298
HOSFORD, FL 32334 US



04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3088514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, RICHARD G
RT 1 BOX 56
HOSFORD, FL 32334

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-04

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

U00000139220
04/29/04-80114-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BROWN, RICHARD
STREET ADDRESS	RT1 BOX 56
CITY-ST-ZIP	HOSFORD, FL
TITLE	V
NAME	BROWN, RICHARD
STREET ADDRESS	RT1 BOX 56
CITY-ST-ZIP	HOSFORD, FL
TITLE	S
NAME	BROWN, RICHARD G
STREET ADDRESS	RT 1 BOX 56
CITY-ST-ZIP	HOSFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04

Date

850-
379-8674

Daytime Phone #