

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90121 050 ***150.00

DOCUMENT # V39002

1. Entity Name

RICHARD L. BROWN & COMPANY, P.A.



Principal Place of Business

1810 S. MACDILL AVENUE
TAMPA FL 33629

Mailing Address

P.O. BOX 18545
TAMPA FL 33679

2. Principal Place of Business - No P.O. Box #

2102 WEST CASS STREET

Suite, Apt. #, etc.

2ND FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

33606

Country

Zip

Country

4. FEI Number

59-3132936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

BROWN, RICHARD L

1810 SOUTH MACDILL AVENUE, SUITE 4
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

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

2102 WEST CASS STREET

2ND FLOOR

City
TAMPA

FL

Zip Code

33606

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BROWN, RICHARD L ☐ Delete
STREET ADDRESS 1810 S MACDILL AVE, STE. 4
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2102 WEST CASS STREET 2ND FLOOR
CITY-ST-ZIP TAMPA, FLORIDA 33606

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard L. Brown President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 (813)-258-0338

Date

Daytime Phone #