2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# V61043

Entity Name: BROWN PROPERTIES, INC.

Current Principal Place of Business:

40 AUDUSSON AVE.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

40 AUDUSSON AVE.
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3126726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, WARREN TED
40 AUDUSSON AVE.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, WARREN TED,
Address: 1700 OSCEOLA BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: BRYAN, W H
Address: 10131 NORIEGA DR.
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: BRYAN, SHIRLEY F
Address: 10131 NORIEGA DR.
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: BRYAN, STEVE M
Address: 3417 N. 4TH STREET
City-St-Zip: OCEANS SPRINGS, MS 39564

Title: D ( ) Delete
Name: BRYAN, GARY W
Address: 5698 BERRYHILL RD.
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN T. BROWN PD 05/07/2004

Electronic Signature of Signing Officer or Director — Date