

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000043103

**Entity Name:** BROWN'S TAXIDERMY, INC.

**Current Principal Place of Business:**

525 GLENN CHEEK DR  
PORT CANAVERAL, FL 32920

**Current Mailing Address:**

525 GLENN CHEEK DR  
PORT CANAVERAL, FL 32920

**FEI Number:** 59-3256957

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACOBY, DAVID H ESQ  
2111 DAIRY RD  
MELBOURNE, FL 32904 US

*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

**Officer/Director Detail :**

Title DP  
Name BROWN, ROBERT F  
Address 149 TEQUISTA HARBOR DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title DVS  
Name BROWN, LESLEE H  
Address 149 TEQUESTA HARBOR DR  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT BROWN**

**OWNER/PRES**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date