

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 215293

FILED  
May 16, 2006  
Secretary of State

Entity Name: VANBROWN INC

**Current Principal Place of Business:**

W A VANNORTWICK  
710 LOMAX ST  
JACKSONVILLE, FL 322044098

**New Principal Place of Business:**

710 LOMAX STREET  
JACKSONVILLE, FL 322044098

**Current Mailing Address:**

W A VANNORTWICK  
710 LOMAX ST  
JACKSONVILLE, FL 322044098

**New Mailing Address:**

710 LOMAX STREET  
JACKSONVILLE, FL 322044098

FEI Number: 59-6082147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITTAKER, JOHN R M.D.  
710 LOMAX STREET  
JACKSONVILLE, FL 32204 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: TD ( ) Delete  
Name: LEWIS, RICHARD H  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: WHITTAKER, JOHN R  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: DALTON, DAVID L  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete  
Name: CRUM, PAUL M.,  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: BALDOCK, JAMES A.,  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: VASHI, APOORVA R  
Address: 710 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**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:

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 Chapter 119, 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: JOHN R. WHITTAKER, M.D.

P

05/16/2006

Electronic Signature of Signing Officer or Director

Date