

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000535

FILED
Jan 30, 2007
Secretary of State

Entity Name: JAMES BROWN CONTRACTING, INC.

Current Principal Place of Business:

6908 CHAPMAN RD.
LITHONIA, GA 30058

New Principal Place of Business:

Current Mailing Address:

6908 CHAPMAN RD.
LITHONIA, GA 30058

New Mailing Address:

FEI Number: 58-1274885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, CARLEY D
104 SEAFOX ROAD
ST. AUGUSTINE, FL 32086 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BROWN, JAMES W
Address: 2085 SUGARLOAF CLUB DRIVE
City-St-Zip: DULUTH, GA 30155

Title: S () Delete
Name: BROWN, PATRICIA A
Address: 2085 SUGARLOAF CLUB DRIVE
City-St-Zip: DULUTH, GA 30155

Title: V () Delete
Name: MILLER, JAMIE A
Address: 191 FORESTVIEW
City-St-Zip: SUWANEE, GA 30024 US

Title: V () Delete
Name: SLAUGHTER, KEVIN P
Address: 1540 CARRINGTON COURT
City-St-Zip: LAWRENCEVILLE, GA 30044 US

Title: C () Delete
Name: LEASURE, BARBARA A
Address: 30 MIMOSA COURT
City-St-Zip: OXFORD, GA 30054 US

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 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: BARBARA A. LEASURE

C

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date