

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000080922			
1. Entity Name BROWN GROUP, INC.			
Principal Place of Business 1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND, FL 33805 US		Mailing Address 1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND, FL 33805 US	
DO NOT WRITE IN THIS SPACE			
		 03122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3400742	Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKER, HAROLD E DICESARE DAVIDSON & BARKER, PA 5640 S FLORIDA AVENUE LAKELAND, FL 33813		DO NOT WRITE IN THIS SPACE	
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 <u>ON FILE</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD BROWN, DEBRA 1436 HAMMOCK SHADE DR LAKELAND, FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DEBRA A 1436 HAMMOCK SHADE DRIVE LAKELAND, FL 33809		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 Chapter 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Debra Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-16-07 863-682-6608 Date Daytime Phone #	