

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90016 028 ***150.00

DOCUMENT # 145160

1. Entity Name

CONNOR BROWN COMPANY



Principal Place of Business

**1514-2 NIRA ST
JACKSONVILLE FL 32207
US**

Mailing Address

**P.O. BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1514-2 Nira Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State
Jacksonville, FL

4. FEI Number

59-0544401

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMICK, JOHN P, JR.
1514-2 NIRA ST
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HELMICK, JOHN P	
STREET ADDRESS	1514-2 NIRA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROWN, LILA BYRD	
STREET ADDRESS	1514-2 NIRA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	BROWN, BARRET	
STREET ADDRESS	1514-2 NIRA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HELMICK, MARC A	
STREET ADDRESS	1514-2 NIRA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	AVS	<input type="checkbox"/> Delete
NAME	HELMICK, CLAUDETTE B	
STREET ADDRESS	1514-2 NIRA ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helmick, John P., Jr.	
STREET ADDRESS	1514-2 Nira Street	
CITY-STATE-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ramit Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 904-346-0107

Date

Document Number