

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 445080 1. Entity Name FRANK W. BROWN AND ASSOCIATES, INC.	
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Principal Place of Business 1834 PARK AVENUE ORANGE PK FL 32073 US	Mailing Address P O BOX 215 ORANGE PK FL 32067-0215 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1506995** ☐ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN (FRANK W.), JR.
1834 PARK AVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May ☐
Trust Fund Contribution. ☐ Added to Fees

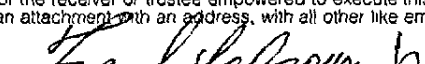
10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	BROWN, FRANK W JR	
STREET ADDRESS	1834 PARK AVE	
CITY-ST-ZIP	ORANGE PK FL 32073	
TITLE	VD	☐ Delete
NAME	BROWN, OLLAVAN S.	
STREET ADDRESS	1834 PARK AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☐ Delete
NAME	BROWN, DOUGLAS	
STREET ADDRESS	1848 PARK AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
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 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:  Frank W. Brown, Jr. 3/1/06 904/264-9504