## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 467061**

City-St-Zip: LIVE OAK, FL 32060 US

Entity Name: V. B. BROWN, DISTRIBUTOR, INC

FILED Sep 08, 2005 Secretary of State

Entity Nai	me: V.B.B	ROWN, DISTRIBUTOR, INC.				
Current P	rincipal Pla	ce of Business:	New Princ	ripal Place of Business:		
501 EAST	HOWARD S	TREET				
P.O. BOX						
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX LIVE OAK,	277 , FL 32064	US				
FEI Number	: 59-1564473	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
BROWN,\ 1232 IRVII LIVE OAK,		US				
	e named entit e of Florida.	y submits this statement for the	e purpose of changing i	ts registered office or registered agent, or both,		
SIGNATU						
	Electr	onic Signature of Registered A	gent	Date		
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, MIC 1712 WILSH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD BROWN, V B 1232 IRVIN A LIVE OAK, FI	VENUE	Title: Name: Address: City-St-Zip:	PTD (X) Change ( ) Addition BROWN, V B, 1232 IRVIN AVENUE LIVE OAK, FL 32060 US		
Title: Name: Address: City-St-Zip:	VSD BROWN, LO 1232 IRVIN A LIVE OAK, FI	VENUE	Title: Name: Address: City-St-Zip:	VSD (X) Change ( ) Addition BROWN, LOUIS M., 1232 IRVIN AVENUE LIVE OAK, FL 32060 US		
Title: Name: Address: City-St-Zip:	T BROWN, V B 1232 IRVIN A LIVE OAK, FI	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	D BROWN, GR 7486 129TH		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: GREGORY H. BROWN D 09/08/2005