

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 497013

1. Entity Name
GENE D. BROWN, P.A.



FILED
06 APR 11 PM 4:02

| | |
|--|--|
| Principal Place of Business 3038 CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347 | Mailing Address 3038 CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347 |
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|--|--|--------------------------------|
| 2. Principal Place of Business 3200 Commonwealth Blvd. | 3. Mailing Address 3200 Commonwealth Blvd. | 02222006 Chg-P CR2E034 (11/05) |
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|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State Tallahassee FL | City & State Tallahassee FL | 4. FEI Number 59-1647642 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32303 | Country USA | Zip 32303 | Country USA |

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

6. Name and Address of Current Registered Agent

**BROWN, GENE D
3038-A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32347**

7. Name and Address of New Registered Agent

Name
Street Address (O. Box Number is Not Acceptable)
3200 Commonwealth Blvd.

City & State
Tallahassee FL

Zip Code
32303

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | PSD BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Commonwealth Blvd. Tallahassee, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000072702830 04/28/06--01027--008 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition B 4/11/06 |

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 other like empowered.

SIGNATURE: *Gene D. Brown, P.A.* **2-27-06** **850-668-6103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #