

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 497013</b> 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			
2. Principal Place of Business 3200 Commonwealth Blvd.		3. Mailing Address 3200 Commonwealth Blvd.		02222006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1647642	
City & State Tallahassee FL		City & State Tallahassee FL		Applied For Not Applicable	
Zip 32303		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3200 Commonwealth Blvd. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without other like empowered.					
SIGNATURE: <u>Gene D. Brown, P.A.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-27-06 840-668-6103 Date Daytime Phone #		