

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

(Incorporated in the State of Florida)

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 583717

1. Entity Name
GARY BROWN FORD, INC.



Principal Place of Business
**19621 MICHIGAN AVE
ODESSA, FL 33556**

Mailing Address
**19621 MICHIGAN AVE
ODESSA, FL 33556**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1926246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOOTH, STEPHEN
7510 RIDGE RD
HOLIDAY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GARY V 19621 MICHIGAN AVE. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOKANSON, PAULA B. 11633 GOLDEN VALLEY DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, KATHLEEN N. 19621 MICHIGAN AVE. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIKING, LISA B. 13756 DOWLING LN ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, CHRISTI 9139 NILE DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000569006
07/11/06-80008-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Kathleen N. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06

813-920-2224

Date

Daytime Phone #