

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90390 002 \*\*\*150.00

**DOCUMENT # 686170**

1. Entity Name  
**BROWN AND SONS FUNERAL HOME, INC.**



Principal Place of Business  
**5624 26TH STREET WEST  
C/O CHARLES BROWN  
BRADENTON, FL 34207-3515**

Mailing Address  
**5624 26TH STREET WEST  
C/O CHARLES BROWN  
BRADENTON, FL 34207-3515**

**60023549**



03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2042059</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BROWN, CHARLES  
5624 26TH STREET WEST  
BRADENTON, FL 34207**

**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  
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	P
NAME	BROWN, CHARLES
STREET ADDRESS	5624 26TH STREET WEST
CITY - ST - ZIP	BRADENTON, FL
TITLE	VTS
NAME	BROWN, CHERYL
STREET ADDRESS	5624 26TH ST WEST
CITY - ST - ZIP	BRADENTON, FL
TITLE	V
NAME	BROWN, DALE EUGENE
STREET ADDRESS	5624 26TH STREET WEST
CITY - ST - ZIP	BRADENTON, FL
TITLE	TS
NAME	MOULD, STACEY BROWN
STREET ADDRESS	5624 26TH ST. WEST
CITY - ST - ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES M. BROWN**

**3/30/06**

Date

**941-758-7788**

Daytime Phone #