

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 855880

1. Entity Name
BROWN ASSOCIATES OF TENNESSEE, INC.



Principal Place of Business
**819 BROAD STREET
CHATTANOOGA, TN 37402**

Mailing Address
**PO BOX 11507
CHATTANOOGA, TN 37401 US**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0808843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CHTD
NAME	BROWN, EDWARD E., JR.
STREET ADDRESS	819 BROAD STREET
CITY- ST- ZIP	CHATTANOOGA, TN 37402

TITLE	P/D
NAME	BROWN, ALLEN C.
STREET ADDRESS	819 BROAD STREET
CITY- ST- ZIP	CHATTANOOGA, TN 37402

TITLE	SD
NAME	BROWN, ESTHER A.
STREET ADDRESS	819 BROAD STREET
CITY- ST- ZIP	CHATTANOOGA, TN 37402

TITLE	V
NAME	BROWN, C. HUXLEY
STREET ADDRESS	819 BROAD STREET
CITY- ST- ZIP	CHATTANOOGA, TN 37402

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/13/07-80023-025 150.00

**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:

Allen C. Brown

ALLEN C. BROWN, PRESIDENT & DIRECTOR

(423-267-3776)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/28/07** Daytime Phone