


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 026 ***150.00

DOCUMENT # F00045
 1. Entity Name
CLAUDE NOLAN BROWN COMPANY



Principal Place of Business: **1514-2 NIRA ST JACKSONVILLE FL 32207 US**
 Mailing Address: **P O BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1514-2 Nira Street
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **Jacksonville, FL**
 Zip: **32207**

4. FEI Number: **59-2030510**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDERSON, KENNETH G
 1301 RIVERPLACE BLVD
 STE 2640
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: *Bessie Brown* DATE: **4/11/08**
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROWN, LILA BYRD	
STREET ADDRESS	1514-2 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	BROWN, BARRET	
STREET ADDRESS	1514 -2 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELMICK, JOHN D. JR.	
STREET ADDRESS	1514-2 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HELMICK, MARC A	
STREET ADDRESS	1514-2 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AVS	<input type="checkbox"/> Delete
NAME	HELMICK, CLAUDETTE	
STREET ADDRESS	1514-2 NIRA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bessie Brown* Date: **3-10-08** Daytime Phone #: **904-346-0107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR