

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000535

FILED  
Jun 11, 2012  
Secretary of State

**Entity Name:** JAMES BROWN CONTRACTING, INC.

**Current Principal Place of Business:**

6908 CHAPMAN RD.  
LITHONIA, GA 30058

**New Principal Place of Business:**

**Current Mailing Address:**

6908 CHAPMAN RD.  
LITHONIA, GA 30058

**New Mailing Address:**

**FEI Number:** 58-1274885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, CARLEY D  
104 SEAFOX ROAD  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: KINSEY, BRIAN C  
Address: 6908 CHAPMAN ROAD  
City-St-Zip: LITHONIA, GA 30058

Title: S  
Name: LEASURE, BARBARA A  
Address: 30 MIMOSA COURT  
City-St-Zip: OXFORD, GA 30054

Title: V  
Name: JENKINS, RICHARD  
Address: 6908 CHAPMAN RD  
City-St-Zip: LITHONIA, GA 30058 US

Title: V  
Name: SLAUGHTER, KEVIN P  
Address: 1540 CARRINGTON COURT  
City-St-Zip: LAWRENCEVILLE, GA 30044 US

Title: C  
Name: LEASURE, BARBARA A  
Address: 30 MIMOSA COURT  
City-St-Zip: OXFORD, GA 30054 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A LEASURE

CFO

06/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date