

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F05027

1. Entity Name

LOU BROWN REALTY AND MORTGAGE, INC.



Principal Place of Business

2900-18 AVENUE SOUTH
ST PETERSBURG FL 33712

Mailing Address

2900-18 AVENUE SOUTH
ST PETERSBURG FL 33712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 59-2065400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, LENA M
2927 16TH AVENUE SOUTH
ST PETERSBURG FL 33712

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

Lena M. Brown
LENA M. BROWN

DATE

1/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME BROWN, LOUIS D., JR
STREET ADDRESS 3767 30TH AVE SO
CITY-STATE-ZIP ST PETERSBURG FL

TITLE VD ☐ Delete
NAME RUSSELL, ARTHUR
STREET ADDRESS 2219 24TH AVE SOUTH
CITY-STATE-ZIP ST PETERSBURG FL

TITLE TD ☐ Delete
NAME BROWN, LOUIS D., JR
STREET ADDRESS 3767 30TH AVE SOUTH
CITY-STATE-ZIP ST PETERSBURG FL

TITLE SD ☐ Delete
NAME ROUSON, DARRYL
STREET ADDRESS 2912 PONCE DE LEON WAY S
CITY-STATE-ZIP ST PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000000761516
STREET ADDRESS 05/25/07-80058-009 150.00
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENA M. BROWN

Date

1/30/07 787 3871234

Daytime Phone #