

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05027

1. Entity Name  
LOU BROWN REALTY, INC.



FILED

12 JUN 12 AM 11:06

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 #  
2907-16 Avenue S  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 14194  
Suite, Apt. #, etc.



05072012 Chg-P CR2E034 (12/11)

City & State  
St Petersburg FL  
Zip 33712 Country USA

City & State  
St Petersburg FL  
Zip 33733 Country USA

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

BROWN (JR.), LOUIS D PRES  
3767 - 30TH AVENUE SO  
ST PETERSBURG, FL 33711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 28, 2012**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LOUIS D., JR	
STREET ADDRESS	3767 30TH AVE SO	
CITY- ST- ZIP	ST PETERSBURG, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSSELL, ARTHUR	
STREET ADDRESS	2219 24TH AVE SOUTH	
CITY- ST- ZIP	ST PETERSBURG, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, LOUIS D., JR	
STREET ADDRESS	3767 30TH AVE SOUTH	
CITY- ST- ZIP	ST PETERSBURG, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUSON, DARRYL	
STREET ADDRESS	2912 PONCE DE LEON WAY S	
CITY- ST- ZIP	ST PETERSBURG, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	100236278201
STREET ADDRESS	06/12/12--01024--002 ***150.00
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	

JUN 12 2012

S. PRATHER

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]*

DATE

6/5/12 Loubrownreality@aol.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-MAIL ADDRESS