

ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F18630
 1. Entity Name
E.B. BROWN EXCAVATING, INC.



Principal Place of Business
**P.O. BOX 918
 2424 SARAH LANE
 MIMS FL 32754**

Mailing Address
**P.O. BOX 918
 2424 SARAH LANE
 MIMS FL 32754**

2. Principal Place of Business
Some

3. Mailing Address
Some

City & State
MIMS, FL

City & State
MIMS, FL

Zip
32754

Country
Brevard

Zip
32754

Country
Brevard

6. Name and Address of Current Registered Agent
**BROWN, SCOTTIE E
 298 HICKORY STREET
 OAK HILL FL 32759**



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2068333** ☒ Applied For ☐ Not Applied

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, LOIS J 2550 N MYRTLE AVENUE MIMS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U000000467358 03/23/06-80044-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, EUGENE 2550 N MYRTLE AVENUE MIMS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Lois Brown* / Secretary 3/9/2006 321-267-08