

# ANNUAL REPORT (AR)

DOCUMENT # F18630

1. Entity Name

E.B. BROWN EXCAVATING, INC.



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

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 - No P.O. Box #

*None*

3. Mailing Address

*None P.O. Box 918*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

*Mims, FL*

City & State

*Mims, FL*

4. FEI Number

59-2068333

☒ Applied For  
☐ Not Applicable

Zip

*32754*

Country

*Brevard*

Zip

*32754*

Country

*Brevard*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, SCOTTIE E  
298 HICKORY STREET  
OAK HILL FL 32759

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 \$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
BROWN, LOIS J  
2550 N MYRTLE AVENUE  
MIMS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BROWN, EUGENE  
2550 N MYRTLE AVENUE  
MIMS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000648822  
03/06/07-80047-014 150.00

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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/Lois Brown/Secretary 2/23/07 321-267-0860*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #