

2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 004 ***150.00

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 - No P.O. Box #

None
Suite, Apt. #, etc.

3. Mailing Address

Same Po Box 918
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Mims, FL

Zip

32754

Country

Brevard

City & State

Mims FL

Zip

32754

Country

Brevard

4. FEI Number

59-2068333

☒ Applied For

☐ Not Applicable

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | DT | <input type="checkbox"/> Delete |
| NAME | BROWN, LOIS J | |
| STREET ADDRESS | 2550 N MYRTLE AVENUE | |
| CITY-ST-ZIP | MIMS FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BROWN, EUGENE | |
| STREET ADDRESS | 2550 N MYRTLE AVENUE | |
| CITY-ST-ZIP | MIMS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | |
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-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:

Lois Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2008

321-267-0860

Date

Daytime Phone #