

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60670

Entity Name: W.B. BROWN, INC.

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

8620 SE SABAL ST  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

8620 SE SABAL ST  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 59-2173340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, WILFORD B., JR.  
8620 SE SABAL ST.  
HOBE SOUND, FL US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: BROWN, WILFORD B JR  
Address: 8620 SE SABAL STREET  
City-St-Zip: HOBE SOUND, FL

Title: V ( ) Delete  
Name: BROWN, LARRY B,  
Address: 8620 S.E. SABAL ST.  
City-St-Zip: HOBE SOUND, FL

Title: P ( ) Delete  
Name: BROWN, W. DAVID,  
Address: 8347 SE PINE CIRCLE  
City-St-Zip: HOBE SOUND, FL

Title: D ( ) Delete  
Name: BROWN, NANCY E  
Address: 8620 SE SABAL STREET  
City-St-Zip: HOBE SOUND, FL

Title: V ( ) Delete  
Name: CHRISTOPHER, SORENSON M  
Address: 8319 SE ANGELINA COURT  
City-St-Zip: HOBE SOUND, FL 33455 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M SORENSON

V

04/29/2006

Electronic Signature of Signing Officer or Director

Date