

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90245

Entity Name: C.R. BROWN & COMPANY, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

% C.R. BROWN
5102 MORTIER AVENUE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

% C.R. BROWN
5102 MORTIER AVENUE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-2223657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, C.R.
5102 MORTIER AVENUE
ORLANDO, FL 32812 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: PVS () Delete
Name: BROWN, CHARLES R,
Address: 5102 MORTIER AVE
City-St-Zip: ORLANDO, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CHARLES R,
Address: 5102 MORTIER AVE
City-St-Zip: ORLANDO, FL

Title: ST () Change (X) Addition
Name: BROWN, CRAIG S
Address: 5117 BELLEVILLE AVE.
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG S. BROWN

ST

02/11/2009

Electronic Signature of Signing Officer or Director

Date