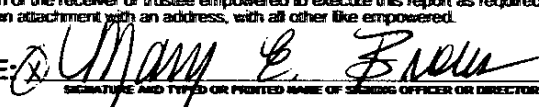


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 021 ***150.00

DOCUMENT # G26987 1. Entity Name C.R. BROWN OF JAX, INC.					
Principal Place of Business 917 KINGS ROAD JACKSONVILLE, FL 32204			Mailing Address 917 KINGS ROAD JACKSONVILLE, FL 32204		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04202006 Chg-P CR2E034 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2289400				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CHARLES R. 917 KINGS ROAD JACKSONVILLE, FL 32204				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 remaining) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, CHARLES R. 917 KINGS RD. JACKSONVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARY E. BROWN 4137 CLYDE DR. JACKSONVILLE, FL 32208	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, STEVE J. 333 BRATLEY DAYTONA BEACH, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVE J. BROWN 333 BRATLEY RD DAYTONA BEACH, FL 32214	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, MARY E. 4137 CLYDE DR. JACKSONVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHARLES R. BROWN II 4137 CLYDE DRIVE JACKSONVILLE, FL 32208	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP CHARA D. BROWN 4137 CLYDE DRIVE JACKSONVILLE, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			4/24/06 904-708-6030 Date Daytime Phone #		