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	Mailing Address
917 KINGS ROAD JACKSONVILLE, FL 32204	917 KINGS ROAD JACKSONVILLE, FL 32204

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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	7. Name and Address of New Registered Agent
BROWN, CHARLES R. 917 KINGS ROAD JACKSONVILLE, FL 32204	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, 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 BARTLEY RD DAYTONA BCH., 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	TP 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	SD 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: Mary E. Brown 4/24/06 904-708-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #