

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

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**



04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, MARY E
STREET ADDRESS	4137 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VD
NAME	BROWN, STEVE J.
STREET ADDRESS	333 BRATLEY
CITY-ST-ZIP	JACKSONVILLE, FL 32214
TITLE	TD
NAME	BROWN, CHARLES R II
STREET ADDRESS	4137 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	BROWN, CHARA D
STREET ADDRESS	4137 CLYDE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/07-80086-010 150.00

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IN THIS SPACE**

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 / Mary E. Brown 4/29/07 (904) 768-6030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #