


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # G26987 1. Entity Name C.R. BROWN OF JAX, INC.	
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Principal Place of Business 917 KINGS ROAD JACKSONVILLE, FL 32204	Mailing Address 917 KINGS ROAD JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



05262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2289400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, CHARLES R. 917 KINGS ROAD JACKSONVILLE, FL 32204
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	000000952575 06/04/08-80086-006 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, MARY E 4137 CLYDE DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, STEVE J. 333 BRATLEY JACKSONVILLE, FL 32214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, CHARLES R II 4137 CLYDE DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, CHARA D 4137 CLYDE DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: <u>Mary E. Brown / Mary E. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/26/08 (904) 708-6030 <small>Date Daytime Phone #</small>
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