
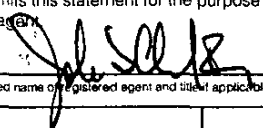



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90070 028 \*\*\*150.00

<b>DOCUMENT # H39131</b> 1. Entity Name <b>ROY BROWN LINCOLN-MERCURY, INC.</b>					
Principal Place of Business <b>2121 NW HWY 19</b> <b>CRYSTAL RIVER, FL 34428 US</b>			Mailing Address <b>% JOHN CRIDER</b> <b>2121 NW HWY 19</b> <b>CRYSTAL RIVER, FL 34428 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2496917</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRIDER, JOHN</b> <b>521 FORT ISLAND TRAIL</b> <b>SUITE A</b> <b>CRYSTAL RIVER, FL 34429</b>			7. Name and Address of New Registered Agent Name <b>John S. Clardy III</b> Street Address (P.O. Box Number is Not Acceptable) <b>Crider Clardy Law Firm PA</b> <b>521 W. Fort Island Trail Ste A</b> City <b>Crystal River</b> <b>FL</b> <b>34423</b>		
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.</small>			DATE <b>1-19-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ROY F. 841 N O'BRIAN PT LECANTO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRIDER, JOHN 521 W FORT ISLAND TRAIL CRYSTAL RIVER, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP BROWN, RANDY 841 N O'BRIEN POINT LECNATO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SUSAN G 841 N O'BRIAN PT LECANTO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RYAN 841 N O'BRIAN PT LECANTO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RYAN 841 N O'BRIAN PT LECANTO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RYAN 841 N O'BRIAN PT LECANTO, FL	<input type="checkbox"/> Delete			
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: 			DATE <b>1-19-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		