


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H39131 1. Entity Name ROY BROWN LINCOLN-MERCURY, INC.	
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Principal Place of Business 2121 NW HWY 19 CRYSTAL RIVER, FL 34428 US	Mailing Address % JOHN CRIDER 2121 NW HWY 19 CRYSTAL RIVER, FL 34428 US
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02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2496917	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

**CLARDY, JOHN S III
CRIDER CLARDY LAW FIRM PA
521 W. FORT ISLAND TRAIL STE. A
CRYSTAL RIVER, FL 34429**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ROY F. 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, HEIDI 2121 NW HWY 19 CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP BROWN, RANDY 841 N O'BRIEN POINT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SUSAN G 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RYAN 841 N O'BRIAN PT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/07-80042-020 150.00

**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 another like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY F. BROWN

Date

02/27/07

Daytime Phone #

**352-
795-4981**