

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74624

FILED
Mar 22, 2006
Secretary of State

Entity Name: BROWN BARGE SERVICE, INC.

Current Principal Place of Business:

40 AUDUSSON AVENUE
PENSACOLA, FL 325072426 US

New Principal Place of Business:

Current Mailing Address:

40 AUDUSSON AVENUE
PENSACOLA, FL 325072426 US

New Mailing Address:

FEI Number: 59-2863388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WARREN T
40 AUDUSSON AVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, W T
Address: 1700 OSCEOLA BLVD
City-St-Zip: PENSACOLA, FL 32503 US

Title: D () Delete
Name: BRYAN, GARY W
Address: 5698 BERRYHILL RD.
City-St-Zip: MILTON, FL 32570 US

Title: D () Delete
Name: BROWN, S. J
Address: 600 GAMARRA RD.
City-St-Zip: PENSACOLA, FL 32503 US

Title: D () Delete
Name: BRYAN, STEVEN M
Address: 3417 N. 4TH STREET
City-St-Zip: OCEANS SPRINGS, MS 39564 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. T. BROWN

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date