

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # K54673

1. Entity Name
OUR FAMILY, INC.



Principal Place of Business
**282 SANCTUARY DR
CRYSTAL BCH, FL 34681 US**

Mailing Address
**PO BOX 873
CRYSTAL BCH, FL 34681 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2919536

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, STUART R.
282 SANCTUARY DR
CRYSTAL BEACH, FL 34681**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000518980
05/02/06-80034-012 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BROWN, STUART R.
282 SANCTUARY DR
CRYSTAL BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BROWN, SCOTT A
282 SANCTUARY DRIVE
CRYSTAL BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROWN, WENDY J.
282 SANCTUARY DR
CRYSTAL BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BROWN, GAYLE D.
282 SANCTUARY DR
CRYSTAL BCH, FL**

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:

Wendy Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-406 727-786-258
Date Daytime Phone #