

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L43229 1. Entity Name BROWN MANAGEMENT GROUP, INC.					
Principal Place of Business 3038 CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347			Mailing Address 3038 CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347		
2. Principal Place of Business 3200 Commonwealth Blvd. Suite, Apt. #, etc.		3. Mailing Address 3200 Commonwealth Blvd. Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-3001586	
Zip 32303		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3200 Commonwealth Blvd. Tallahassee FL Zip 32303	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3200 Commonwealth Blvd. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500072720605 04/28/06--01030--008 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B 4/11/04	
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: H. A. Brown, Pres.			2-27-06 950-668-6103		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED
06 APR 11 PM 4:10