

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90003 005 \*\*\*150.00

**DOCUMENT # M01123**

1. Entity Name  
**LUKE S. BROWN, P.A.**



Principal Place of Business  
**1334 TIMBERLANE RD.  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**1334 TIMBERLANE RD.  
TALLAHASSEE, FL 32312 US**

**50021646**

2. Principal Place of Business  
**1334 TIMBERLANE ROAD  
Suite, Apt. #, etc.  
SUITE 12  
City & State  
TALLAHASSEE FL  
Zip Country  
32312 USA**

3. Mailing Address  
**1334 TIMBERLANE ROAD  
Suite, Apt. #, etc.  
SUITE 12  
City & State  
TALLAHASSEE FL  
Zip Country  
32312 USA**



07032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2436617**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROWN, LUKE S.  
1334 TIMBERLANE RD.  
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent  
Name  
**BROWN, LUKE S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1334 TIMBERLANE RD, SUITE 12**  
City  
**TALLAHASSEE** FL Zip Code  
**FL**

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: **LUKE S. BROWN** **7/3/06** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, LUKE S. 1334 TIMBERLANE ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1334 TIMBERLANE ROAD, SUITE 12</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LUKE S. BROWN** **7/3/06** **850/668-2256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR