2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M96307

FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90039 020 ***150.00

1. Entity Nam CHARLES	S BROWN, INC.									
Principal Place of Business 16099 MACORLA RD. WEEKI WACHEE, FL 34614		Mailing Address 16099 MACORLA RD. WEEKI WACHEE, FL 34614			40067507					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		. —						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03202008	Chg-P	CR2E	034 (12/06)		
City & State		City & State		4. FEI Number		<u></u>		plied For		
Zip	Country Zip C		Coun	try	59-2914816 Not App 5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current	Registered Agent	L	Γ	7. Name and	Address of New I	Registered			
6. Name and Address of Current registered Agent				7. Name and Address of New Registered Agent Name						
	CHARLES R. CORLA RD.			Street Addre	ess (P.O. Box Numb	rss (P.O. Box Number is Not Acceptable)				
WEEKIW	ACHEE, FL 34614			***************************************					······	
									••••••	
				City			F	L Zip Cod	e	
	named entity submits this statement for	or the purpose of changing its	registere	ed office or reg	gistered agent, or bo	th, in the State of Fl	lorida. I am	n familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and tale if applicable. (NOT)	F: Banerara	d Anant moneture re						
			c. negatore	a regard a greater re	equired when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa	ign Finan		\$5.00 May Be Added to Fees					
FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont	ign Finan	ncing	\$5.00 May Be Added to Fees	CHANGES TO OF		ID DIRECTOR	3 IN 11	
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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 supplies that I am an officer or director of the corporation or the receiver of 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP