


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90041 012 \*\*\*150.00

<b>DOCUMENT # P01000010145</b>	
1. Entity Name <b>BROWN MOUNTAIN, INC.</b>	

Principal Place of Business <b>7505 W. JACKSON ST PENSACOLA, FL 32506</b>	Mailing Address <b>BROWN MOUNTAIN, INC. P.O. BOX 3811 PENSACOLA, FL 32516</b>
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2. Principal Place of Business <b>4910 Catalina Circle</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Pensacola, FL</b>	City & State
Zip <b>32506</b>	Country <b>USA</b>

01302006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>IWATA, DANIEL M 7505 W. JACKSON ST PENSACOLA, FL 32506</b>	
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4. FEI Number <b>59-3695161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>SAME</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4910 Catalina Circle</b>	
City <b>Pensacola</b>	FL Zip Code <b>32506</b>

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 **Daniel M. Iwata, PRES** **Daniel M. Iwata** **1/30/06**  
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	<b>PD IWATA, DANIEL M PO BOX 3811 PENSACOLA, FL 32516</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **Daniel M. Iwata, PRES** **Daniel M. Iwata** **1/30/06** **850-291-3203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #