


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 006 ***550.00

DOCUMENT # P01000116045 1. Entity Name JEFF & ERIC BROWN ENTERPRISES, INC.					
Principal Place of Business 118 MERLE CR FORT WALTON BEACH, FL 32547			Mailing Address 118 MERLE CR FORT WALTON BEACH, FL 32547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3759428	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, ERIC 356 OSBORNE DRIVE NE FT WALTON BEACH, FL 32548			Name Eric Brown Street Address (P.O. Box Number is Not Acceptable) 118 Merle Cir. FWB, FL 32547 City FL Zip Code		
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 <u><i>Eric Brown</i></u> DATE <u>9-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, ERIC	NAME	Eric Brown		
STREET ADDRESS	356 OSBORNE DRIVE NE	STREET ADDRESS	118 Merle Cir.		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	FWB, FL 32547		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, PENNI-JO	NAME	Penni-Jo Brown		
STREET ADDRESS	356 OSBORNE DRIVE NE	STREET ADDRESS	118 Merle Cir.		
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	FWB, FL 32547		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, JEFF	NAME			
STREET ADDRESS	8 BAY DRIVE NE	STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Penni Brown</i></u>		Date: <u>9-7-05</u>		Daytime Phone #: <u>244-3036</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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