
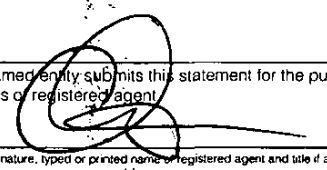
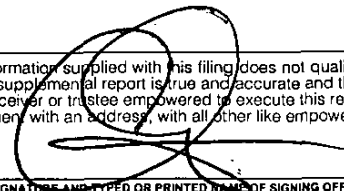


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2006 90079 034 ***150.00

DOCUMENT # P02000025157 1. Entity Name BROWN FREIGHT CONTRACTORS, INC.					
Principal Place of Business 11349 56TH PL N WEST PALM BEACH, FL 33411			Mailing Address 11349 56TH PL N WEST PALM BEACH, FL 33411		
2. Principal Place of Business 3143 S. Cygnal Terr.		3. Mailing Address 3143 S. Cygnal Terr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Inverness FL		City & State Inverness FL		4. FEI Number 75-3007748	
Zip 34450		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34450		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CHARLES D 11349 56TH PL N WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Charles Brown Street Address (P.O. Box Number is Not Acceptable) 3143 S. Cygnal Terrace City Inverness FL Zip Code 34450	
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:  DATE: 1-27-06 <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 \$150.00 After May 1, 2006 Fee will be \$550.00			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 PD	NAME BROWN, CHARLES D		TITLE 	NAME 	
STREET ADDRESS 11349 56TH PL N	CITY-ST-ZIP WEST PALM BEACH, FL 33411		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME BROWN, ANGELA		TITLE 	NAME 	
STREET ADDRESS 11349 56TH PL N	CITY-ST-ZIP WEST PALM BEACH, FL 33411		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PD	NAME Charles Brown D		TITLE 	NAME 	
STREET ADDRESS 3143 S Cygnal Terr.	CITY-ST-ZIP Inverness FL 34450		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME Angelo Brown		TITLE 	NAME 	
STREET ADDRESS 3143 S. Cygnal Terr.	CITY-ST-ZIP Inverness FL 34450		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: 			Date: 1-27-06 Daytime Phone #		