

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000100731

1. Entity Name
BROWN CONSTRUCTION, INC. OF PONCE DE LEON.



Principal Place of Business
**2376 CORINTH RD
PONCE DE LEON, FL 32455**

Mailing Address
**PO BOX 64
PONCE DE LEON, FL 32455**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1635949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, OWEN CHUCK
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, OWEN CHUCK
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, OWEN CRAIG
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWERS, JOHN
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWERS, AMANDA
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, JANICE
2376 CORINTH ROAD
PONCE DE LEON, FL 32455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000414809
02/11/06-80049-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

or

850-956-46