

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Owen Chuck Brown / Owner-President (e.b.)  
Sorry, signed in wrong place

4-11-07

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BROWN, OWEN CHUCK      |                                 |
| STREET ADDRESS | 2376 CORINTH ROAD      |                                 |
| CITY-STATE-ZIP | PONCE DE LEON FL 32455 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BROWN, OWEN CRAIG      |                                 |
| STREET ADDRESS | 2376 CORINTH ROAD      |                                 |
| CITY-STATE-ZIP | PONCE DE LEON FL 32455 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | POWERS, JOHN           |                                 |
| STREET ADDRESS | 2376 CORINTH ROAD      |                                 |
| CITY-STATE-ZIP | PONCE DE LEON FL 32455 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | POWERS, AMANDA         |                                 |
| STREET ADDRESS | 2376 CORINTH ROAD      |                                 |
| CITY-STATE-ZIP | PONCE DE LEON FL 32455 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BROWN, JANICE          |                                 |
| STREET ADDRESS | 2376 CORINTH ROAD      |                                 |
| CITY-STATE-ZIP | PONCE DE LEON FL 32455 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                                   |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS | U000000707528             |                                                                   |
| CITY-STATE-ZIP | 04/24/07-80078-018 158.75 |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Owen Chuck Brown / President  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-11-07