

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131542

Entity Name: LYNN C. BROWN, INC.

FILED  
Apr 23, 2007  
Secretary of State

**Current Principal Place of Business:**

502 NW 75TH ST  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

502 NW 75TH ST  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 14-1861711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, LYNN C  
Address: 7324 SW 18TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Delete  
Name: REESE, MICHELLE S  
Address: 524 NW 102ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN C. BROWN

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04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date