


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000002586</b>			
1. Entity Name <b>RUTH T. BROWN, PA</b>			
Principal Place of Business 125 ENGLEWOOD HEIGHTS RD ENGLEWOOD FL 34223		Mailing Address 125 ENGLEWOOD HEIGHTS RD ENGLEWOOD FL 34223	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BROWN, RUTH T</b> <b>125 ENGLEWOOD HEIGHTS RD</b> <b>ENGLEWOOD FL 34223</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Delete	D <b>BROWN, RUTH T</b> <b>125 ENGLEWOOD HEIGHTS RD</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000603277 01/25/07-80007-005 150.00
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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: <u>Ruth T. Brown P.A.</u>		Date: <u>1-22-07</u> (9A) 475-1311	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

