

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90046 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000115105**

1. Entity Name  
**LIGHTBROWN COMMUNITY CARE, INC.**

Principal Place of Business  
**2808 JUANITA AVE  
FORT PIERCE, FL 34946**

Mailing Address  
~~2808 JUANITA AVE~~  
~~FORT PIERCE, FL 34946~~

**40073482**



02012007

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

3. Mailing Address

**2808 JUANITA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT PIERCE, FL**

Zip

Country

Zip

Country

**34946**

**US**

4. FEI Number

**20-0307878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~TANO, ERICA~~  
**2808 JUANITA AVE  
FORT PIERCE, FL 34946**

7. Name and Address of New Registered Agent

Name **LIGHTBROWN, ERICA**

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

City

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. **FL** 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, 2007 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-STATE-ZIP

DP

~~TANO, ERICA~~  
**2808 JUANITA AVE  
FORT PIERCE, FL 34946**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**LIGHTBROWN, ERICA**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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☐ Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Erica Lightbrown, President**

Date

Daytime Phone #

**4/15/07**

**(770) 392-5609**