


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90037 033 \*\*\*150.00

<b>DOCUMENT # P03000115105</b>					
<b>1. Entity Name</b> LIGHTBROWN COMMUNITY CARE, INC.					
<b>Principal Place of Business</b> 2808 JUANITA AVE FORT PIERCE, FL 34946			<b>Mailing Address</b> 2808 JUANITA AVE FORT PIERCE, FL 34946		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0307878	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LIGHTBROWN, ERICA 2808 JUANITA AVE FORT PIERCE, FL 34946			<b>7. Name and Address of New Registered Agent</b> Name: <u>MATTIE ARMSTRONG</u> Street Address (P.O. Box Number is Not Acceptable): <u>2808 Juanita Avenue</u> City: <u>FORT PIERCE</u> <b>FL</b> Zip Code: <u>34946</u>		
<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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIGHTBROWN, ERICA 2808 JUANITA AVE FORT PIERCE, FL 34946	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>		Date: <u>4/15/08</u>		Daytime Phone #: <u>(772) 466-0356</u>	
ERICA Lightbrown, President					