


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000139782 1. Entity Name BJ BROWNING CONSTRUCTION, INC.	
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Principal Place of Business 2507 SUMMER GLEN DRIVE ORLANDO, FL 32818	Mailing Address 2507 SUMMER GLEN DRIVE ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0444789	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWNING, BOBBY J 2507 SUMMER GLEN DRIVE ORLANDO, FL 32818

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U00000572390 07/27/06-80004-006 150.00 <small>DATE</small>
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**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BROWNING, BOBBY J MR. 2507 SUMMER GLEN DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCKER, RITA 13024 WATERFORD WOODS CIR #105 ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWNING, LOIS 2507 SUMMER GLEN DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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.

SIGNATURE: <u>Rita J. Tucker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/20/06</u> <small>Date</small>	<u>407-298-3226</u> <small>Daytime Phone #</small>
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