## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000141817 **Secretary of State** 1. Entity Name J.P. BROWN CARPENTRY AND DESIGN, INC. Principal Place of Business Mailing Address 9830 NE 132ND TERR WILLISTON FL 32696 9830 NE 132ND TERR WILLISTON FL 32696 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 02-0712532 Not Applicat Country \$8.75 Additional Zip Country Ζıp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, JAMES P Street Address (P.O. Box Number, is Not Acceptable) 9850 NE 132ND TERR WILLISTON FL 32696 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. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typea or primod name of registered agent and titlo if applicable (NOTE Registered Agent arghature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition [ TITLE TITLE ☐ Delete ትለአለና BROWN, JAMES P NAME U00000498782 STREET ADDRESS 9830 NE 132ND TERR STREET ADDRESS 04/24/06 80003-016 150.00 CITY-ST-ZIP WILLISTON FL 32696 CHTY-ST-21P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP mle ☐ Defete MI F Change Addition NAME SUBSECT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change noitibbA 🔲 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP City-St-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 an an attachment with an endorses, with all other like empowered.

our

SIGNATURE:

**FILED** 

Apr 10, 2006 08:00 AM