## 2006 FÖR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000144294 1. Entity Name

ROBERT BROWN PAINTING INC

FILED Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

1408 EARL DRIVE MERRITT ISLAND, FL 32952 Mailing Address

1408 EARL DRIVE

MERRITT ISLAND, FL 32952



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 26-0074257 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BROWN, ROBERT D 1408 EARL DRIVE MERRITT ISLAND, FL 32952

## DO NOT WRITE IN THIS SPACE

No Chg-P

			III THO OF AGE			
8. The above the obligation	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered spent and title if	applicable (NOTE Regist	ered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	100000415200 02/11/06-80072-001 150.00	•
10.	OFFICERS AND DIREC	TORS		, ,		۰
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ROBERT D 1408 EARL DRIVE MERRITT ISLAND, FL 32952	· _				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, JILL S 1408 EARL DR MERRITT ISLAND, FL 32952					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 1		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

NAME STREET ADDRESS CITY-ST-ZIP

1/30/06

321-452-8330