

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 036 ***158.75

DOCUMENT # P03000145453
 1. Entity Name
 C. RICHARD BROWN, BUILDER, INC.



Principal Place of Business Mailing Address
 488 W HIGHBANKS RD 488 W HIGHBANKS RD
 DEBARY FL 32713 DEBARY FL 32713

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. # etc. Suite, Apt. # etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 58-2677652 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/04)



6. Name and Address of Current Registered Agent
ABELES, DAVID E ESQ
5 W HIGHBANKS RD
DEBARY FL 32713

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BROWN, C RICHARD	
STREET ADDRESS	488 W HIGHBANKS RD	
CITY/STATE/ZIP	DEBARY FL 32713	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BROWN, SARAH R	
STREET ADDRESS	488 W HIGHBANKS RD	
CITY/STATE/ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Richard Brown **C. RICHARD BROWN** 4/25/05 386 668 8095

ER
W