

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000145453**

1. Entity Name  
**C. RICHARD BROWN, BUILDER, INC.**



Principal Place of Business  
**488 W Highbanks Rd  
DeBary FL 32713**

Mailing Address  
**488 W Highbanks Rd  
DeBary FL 32713**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **58-2677652** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	PT	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
STREET ADDRESS	BROWN, C RICHARD			STREET ADDRESS			
CITY ST ZIP	488 W Highbanks Rd DeBary FL 32713			CITY ST ZIP			
NAME	VS	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
STREET ADDRESS	BROWN, SARAH R			STREET ADDRESS			
CITY ST ZIP	488 W Highbanks Rd DeBary FL 32713			CITY ST ZIP			
NAME		<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
NAME		<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
NAME		<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				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 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** 1/25/07 386 668 8095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #