

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011373

FILED
Aug 03, 2007
Secretary of State

Entity Name: STEVE BROWN ENTERPRISES INC

Current Principal Place of Business:

4045 BROKEN ARROW COURT
DESTIN, FL 32541 US

New Principal Place of Business:

224 OLDE POST RD.
NICEVILLE, FL 32578 US

Current Mailing Address:

4045 BROKEN ARROW COURT
DESTIN, FL 32541 US

New Mailing Address:

224 OLDE POST RD.
NICEVILLE, FL 32578 US

FEI Number: 59-3756113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STECKLEIN, MONIQUE M CPA
367 OSBORNE DR NE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, STEPHEN L
Address: 4045 BROKEN ARROW COURT
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, STEPHEN L
Address: 224 OLDE POST RD.
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L BROWN

P

08/03/2007

Electronic Signature of Signing Officer or Director

Date