

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

03-23-2007 90019 020 ***150.00

DOCUMENT # P06000058892			
1. Entity Name BROWN SUGAR, INC.			
Principal Place of Business 17151 92ND LANE NORTH LOXAHATCHEE FL 33470		Mailing Address 17151 92ND LANE NORTH LOXAHATCHEE FL 33470	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEI Number 204798171		[Applied For] [Not Applicable]	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, NUCLAIR 17151 92ND LANE NORTH LOXAHATCHEE FL 33470		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 <u><i>Nucley A M Brown</i></u> DATE <u>4/13/07</u> Signature, typed or printed name of registered agent and date of certificate. (NOTE: Registered Agent signature is required when applicable)			
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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BROWN, NUCLAIR 17151 92ND LANE NORTH LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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: <u><i>Nucley A M Brown</i></u>		DATE: <u>4/13/07</u> 561 422-2277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	