

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042680

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CARLTON BROWN PLASTERING & STUCCO, INC.

## Current Principal Place of Business:

3160 NE 3RD AVE  
OAKLAND PARK, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

2021 NW 29TH AVENUE  
FORT LAUDERDALE, FL 33311

## New Mailing Address:

FEI Number: 65-0414500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, CARLTON  
2021 N.W. 29 AVE.  
FORT LAUDERDALE, FL 33311 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BROWN, CARLTON L  
Address: 2021 NW 29TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete  
Name: BROWN, VALERIE L  
Address: 1472 AVON LANE 10-212  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DPTC ( ) Delete  
Name: BROWN, CARLTON  
Address: 2021 NW 29 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PPTC ( ) Delete  
Name: BROWN, CARLTON L  
Address: 2021 NW 29 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V ( ) Delete  
Name: CAMPBELL, GEORGE  
Address: 2021 NW 29TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLTON BROWN

DPT

04/27/2007

Electronic Signature of Signing Officer or Director

Date