
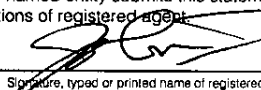
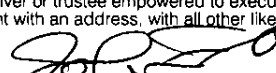


FILED
Jan 25, 2007 8:00 am
Secretary of State

| | | |
|--|---|---|
| <h1>DOCUMENT # P94000010769</h1> | |  |
| 1. Entity Name JOHN T. BROWN, P.A. | | |
| Principal Place of Business 126 NE EGLIN PKWY FT WALTON BEACH, FL 32548 US | | Mailing Address 126 NE EGLIN PKWY FT WALTON BEACH, FL 32548 US |
| 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 |
| 6. Name and Address of Current Registered Agent | | |
| BROWN, JOHN T 126 NE EGLIN PKWY FT WALTON BEACH, FL 32548 | | Name |
| | | Street Address |
| | | |
| | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | |
| SIGNATURE  | | JOHN T. BROWN <small>(NOTE: Registered Agent signature required)</small> |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$500.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BROWN, JOHN T 126 NE EGLIN PARKWAY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | 11. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 60, F.S., and that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, F.S., had changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE:  | | JOHN T. BROWN President |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |