

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90042 025 ***150.00

DOCUMENT # **P94000049629**

1. Entity Name

BROWN BROTHERS CONSULTING, INC.



Principal Place of Business

**4552 N SWAN ANDROS
WEST PALM BEACH FL 33411
US**

Mailing Address

**4552 N SWAN ANDROS
WEST PALM BEACH FL 33411
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

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0517960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JAMES P

~~5117 51ST WAY~~
W. PALM BEACH FL 33409

Name **JAMES P. BROWN**

Street Address (P.O. Box Number is Not Acceptable)
4552 N. SWAN ANDROS

City **W. PALM BEACH** **FL** Zip Code **33411**

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

James P. Brown

Signature of the current registered agent is required when applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

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 **D** ☐ Delete
NAME **BROWN, JAMES P**
STREET ADDRESS **4552 N SWAN ANDROS**
CITY- ST- ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
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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 who are empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-07 (561) 798-5800