


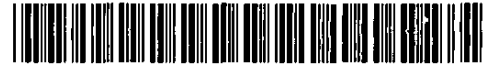
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000076660 1. Entity Name PETER BROWN CONTRACTING, INC.	
--	---

Principal Place of Business 13830 58TH STREET N. SUITE 401 CLEARWATER, FL 33760 US	Mailing Address P O BOX 4100 CLEARWATER, FL 33758 US
--	--

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3282477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, JUDY A 327 LOTUS PATH CLEARWATER, FL 33756
--

**DO NOT WRITE
IN THIS SPACE**

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 *Judy Mitchell* (NOTE: Registered Agent signature required when reinstating) DATE _____

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"/> \$5.00 May Be Added to Fees	U000000619398 02/08/07-80071-005 158.75
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT MITCHELL, JUDY 327 LOTUS PATH CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD VARGAS, EDUARDO M 59 DOLPHIN DR TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUNT, DARLENE 4606 W. GRAY ST #209 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD STEWART, JOHN R 7101 CAMEL ST TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Judy Mitchell, PRES* **1/30/07 (727)535-6407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #