

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006
Sec 1

DOCUMENT # P94000090323
1. Entity Name
BROWN - REIFF & ASSOCIATES, INC.



Principal Place of Business
4440 LAFAYETTE STREET
STE 3
MARIANNA, FL 32446

Mailing Address
P.O. BOX 5770
MARIANNA, FL 32447



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3285685

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIFF, ROBERT
P.O. BOX 5770
3125 WATSON DRIVE
MARIANNA, FL 32446

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 _____
Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, JACK R JR
STREET ADDRESS	3025 2ND ST
CITY - ST - ZIP	MARIANNA, FL
TITLE	S
NAME	REIFF, ROBERT
STREET ADDRESS	3125 WATSON DRIVE
CITY - ST - ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/17/06 10:00 AM

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: Robert A. Reiff 1-31-06 850-526-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #