


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
4440 LAFAYETTE STREET **P.O. BOX 5770**
STE 3 **MARIANNA, FL 32447**
MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3285685 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and if applicable. (NOTE Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JACK R JR 3025 2ND ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REIFF, ROBERT 3125 WATSON DRIVE MARIANNA, FL 32446
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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 Date: 2-26-07 Daytime Phone #: 850-526-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR