

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000021358

1. Entity Name  
SPANISH TRACE, INC.



Principal Place of Business  
1219 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901

Mailing Address  
1218 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901



01262006 No Chg-P CR2E 14 (11/05)

4. FEI Number 65-0647065	Applied For Not Applicable
5. Certificate of Status Desired 1	8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BROWN, ROBERT J  
1218 EAST NEW HAVEN AVE  
MELBOURNE, FL 32901

**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, the undersigned, do hereby certify that the information supplied is true and correct, and that my signature shall have the same legal effect as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when consenting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U000000408115

02/08/06-80047-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BROWN, ROBERT J
STREET ADDRESS	1218 E. NEW HAVEN AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	VSTD
NAME	BROWN, SUSAN L
STREET ADDRESS	1218 E. NEW HAVEN AVE.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	VD
NAME	JAUQUAYS, LESLIE
STREET ADDRESS	3086 GRACE ST
CITY - ST - ZIP	WEST MELBOURNE, FL
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 607, Florida Statutes. I indicate on this report or supplemental report is true and correct, and that my signature shall have the same legal effect as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Brown Robert Brown 1-26-2006 321-724-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR