


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90036 030 \*\*\*150.00

<b>DOCUMENT # P96000032045</b>		
1. Entity Name MARY ANN BROWN, P.A.		

Principal Place of Business 4243 NW FEDERAL HWY JENSEN BEACH, FL 34957	Mailing Address 4243 NW FEDERAL HWY JENSEN BEACH, FL 34957
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**50005445**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1132260	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, MARY ANN 2409 WILDERNESS DRIVE FORT PIERCE, FL 34982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

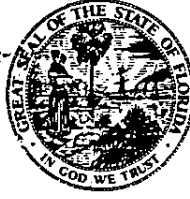
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY ANN 2409 WILDERNESS DRIVE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 file empowered.

SIGNATURE: <u>Mary Ann Brown</u>	Date: <u>2/4/06</u>	Daytime Phone: <u>772-497-1010</u>
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ATTACHMENT

50005445

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2006

MARY ANN BROWN, P.A.  
4243 NW FEDERAL HWY  
JENSEN BEACH, FL 34957

SUBJECT: MARY ANN BROWN, P.A.  
Ref. Number: P96000032045

We have received your document for MARY ANN BROWN, P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 006A00014367



**ATTACHMENT**  
500,05445  
**Division of Corporations**

**Annual Report**[Annual Report Help](#)

Document Number  
**P96000032045**

Business Entity Name  
**MARY ANN BROWN, P.A.**

FEI Number

651132260

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

4243 NW FEDERAL HWY

Suite, Apt. #, etc.

City, State

JENSEN BEACH

FL

Zip Code &amp; Country

34957

**Mailing Address**

Address

4243 NW FEDERAL HWY

Suite, Apt. #, etc.

City, State

JENSEN BEACH

FL

Zip Code &amp; Country

34957

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

BROWN

MARY ANN

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

2409 WILDERNESS DRIVE

Suite, Apt. #, etc.

City, State

FORT PIERCE

FL

Zip Code &amp; Country

34982

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

50005445  
# P.96.0000032045

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title   
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address   
City, State    
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

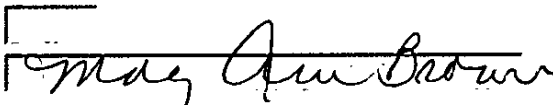
City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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