

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 029 ***150.00

DOCUMENT # P96000103475

1. Entity Name

BROWN LABS, INC.



Principal Place of Business

296 HARTYES LN
ORMOND BEACH FL 32174
US

Mailing Address

296 HARTYES LN
ORMOND BEACH FL 32174
US



2. Principal Place of Business

4320 CALVIN ST.

Suite, Apt. #, etc.

3. Mailing Address

4320 CALVIN ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

HASTINGS, FL

City & State

HASTINGS, FL

4. FEI Number

59-3416523

Applied For

Not Applicable

Zip

32145

Country

USA

Zip

32145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM ERVIN
296 HARTYES LN
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name BROWN, William Ervin

Street Address (P.O. Box Number is Not Acceptable)

4320 CALVIN ST

HASTINGS

City

FL

Zip Code

32145

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

William Ervin Brown

William E Brown

2/16/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BROWN, WILLIAM ERVIN
STREET ADDRESS 296 HARTYES LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DST ☐ Delete
NAME BROWN, CAROLYN L
STREET ADDRESS 296 HARTYES LN
CITY-ST-ZIP ORMOND BEACH FL

TITLE DEV ☐ Delete
NAME DIPIETRO, LOUIS
STREET ADDRESS 1343 CALLE DELSOL CIRCLE
CITY-ST-ZIP S. DAYTONA BEACH FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME WILLIAM ERVIN BROWN
STREET ADDRESS 4320 CALVIN ST
CITY-ST-ZIP HASTINGS, FL 32145

TITLE DST ☒ Change ☐ Addition
NAME CAROLYN L. BROWN
STREET ADDRESS 4320 CALVIN ST.
CITY-ST-ZIP HASTINGS, FL 32145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CAROLYN L. BROWN Carolyn L. Brown 2/16/06

386-325-4457