

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000103475

1. Entity Name

BROWN LABS, INC.



FILED

Feb 01, 2008 08:00 AM
Secretary of State



Principal Place of Business
4320 CALVIN ST
HASTINGS FL 32145
US

Mailing Address
4320 CALVIN ST
HASTINGS FL 32145
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3416523

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM ERVIN
4320 CALVIN ST
HASTINGS FL 32145

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

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

NOTE: Registered Agent signature required when changing

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	BROWN, WILLIAM ERVIN		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	4320 CALVIN ST		STREET ADDRESS
CITY-ST-ZIP	HASTINGS FL 32145		CITY-ST-ZIP
TITLE	DST	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	BROWN, CAROLYN L		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	4320 CALVIN ST		STREET ADDRESS
CITY-ST-ZIP	HASTINGS FL 32145		CITY-ST-ZIP
TITLE	DEV	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	DIPETRO, LOUIS		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	1343 CALLE DELSOL CIRCLE		STREET ADDRESS
CITY-ST-ZIP	S. DAYTONA BEACH FL 32119		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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: *William E Brown - WILLIAM E Brown 1/29/08* 1-866-677-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR