

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000104329

1. Entity Name
BROWN BROTHERS CONCRETE INC.



Principal Place of Business
**4151 HWY AVE
JACKSONVILLE, FL 32254 US**

Mailing Address
**4151 HWY AVE
JACKSONVILLE, FL 32254 US**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3473949

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, KEITH
4151 HWY AVENUE
JACKSONVILLE, FL 32254**

**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 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**COO
BROWN, CAROLYN
6407 HUGHES ST
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, KEITH
6407 HUGHES ST
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BROWN, REGINALD
6407 HUGHES ST
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BROWN, FREDRICK
6407 HUGHES ST
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, NATHANIEL J
6407 HUGHES ST
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROWN, GEORGE
6407 HUGHES ST
JACKSONVILLE, FL 32219**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

387-3464
Daytime Phone #