

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2008 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**



04282008 No Chg-P CR2E034 (11/05)

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 resigning.)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 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
**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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000938266
05/27/08-80082-023 158.75

**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 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 Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date: 4/28/08 Daytime Phone: _____