


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90020 034 ***150.00

DOCUMENT # P98000002957 1. Entity Name LEIGHTON BROWN ENTERPRISES, INC.					
Principal Place of Business 1336 WALES DR. FT. MYERS, FL 33901			Mailing Address 1336 WALES DR. FT. MYERS, FL 33901		
2. Principal Place of Business 6800 Turbin Court Suite, Apt. #, etc.		3. Mailing Address 6800 Turbin Court Suite, Apt. #, etc.			
City & State Fort Myers FL Zip 33908 Country U.S.A.		City & State Fort Myers, FL Zip 33908 Country U.S.A.		4. FEI Number 65-0807950	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, LEIGHTON G 1336 WALES DR. FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Brown, Leighton G Street Address (P.O. Box Number is Not Acceptable) 6800 Turbin Court City Fort Myers, FL Zip Code 33908		
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 <u><i>Leighton Brown</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>2/17/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing- Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <input type="checkbox"/> Delete BROWN, LEIGHTON G 1336 WALES DR. FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Leighton G. 6800 Turbin Court Fort Myers, FL 33908	
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	
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	
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: <u><i>Leighton Brown</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/17/06</u> <u>489-3233</u> <small>Date Daytime Phone #</small>		