


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000029869</b> 1. Entity Name <b>S &amp; D BROWN CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>4070 LAKE BREEZE LANE ST. JAMES CITY, FL 33956 US</b>	Mailing Address <b>P.O. BOX 243 ST. JAMES CITY, FL 33956 US</b>
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0838312</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

<b>HERBOTT-BROWN, DEBORAH 4070 LAKE BREEZE LANE ST. JAMES CITY, FL 33956</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	<b>DPST HERBOTT-BROWN, DEBORAH P. O. BOX 243 ST. JAMES CITY, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BROWN, STEVEN P. O. BOX 243 ST. JAMES CITY, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/07/06-80034-009 150.00

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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:**  **DEBORAH HERBOTT-BROWN** 1-18-06 239-283-5771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #