

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S55477**

1. Entity Name  
**BROWN BOX TOO, INC.**



Principal Place of Business  
**1460 S MCCALL RD  
SUITE 4B  
ENGLEWOOD, FL 34223 US**

Mailing Address  
**1460 S. MCCALL RD  
SUITE 4B  
ENGLEWOOD, FL 34223 US**



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0271287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PATTERSON, JOHN  
46 NORTH WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000675935  
03/30/07 80840 004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KREBS, TIMOTHY A
STREET ADDRESS	1460 MCCALL RD, #4B
CITY-ST-ZIP	ENGLEWOOD, FL

TITLE	DVP
NAME	INGRAM, JOHN H
STREET ADDRESS	401 BAYVIEW PARKWAY
CITY-ST-ZIP	NOKOMIS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Timothy A. Krebs*

**T. A. KREBS**

**3-20-07 941-475-322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #