

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90176 047 ***150.00

DOCUMENT # S57704

1. Entity Name

G.A. BROWN & DAUGHTERS, INC.



Principal Place of Business

1040 SEMINOLE DR
857
FORT LAUDERDALE FL 33304
US

Mailing Address

1040 SEMINOLE DR
857
FORT LAUDERDALE FL 33304
US



2. Principal Place of Business - No P.O. Box #

11490 Lakeview Dr.

Suite, Apt. #, etc.

3. Mailing Address

11490 Lakeview Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Coral Springs, FL

Zip 33071

Country Broward

City & State

Coral Springs, FL

Zip 33071

Country Broward

4. FEI Number

65-0282236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GUS MR.
1040 SEMINOLE DR
#857
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name Brown, Gus Mr.

Street Address (P.O. Box Number is Not Acceptable)

11490 Lakeview Dr.

City Coral Springs

FL

Zip Code 33071

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 - applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete
NAME BROWN, BARBARA N
STREET ADDRESS 9853 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

TITLE VP ☐ Delete
NAME BROWN, BARBARA N
STREET ADDRESS 9853 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara N Brown Barbara N. Brown 04/09/07 954-752-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #