

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 456688

**Entity Name:** INSURANCE BY KEN BROWN, INC.

**Current Principal Place of Business:**

707 PENNSYLVANIA AVE  
1300  
ALTAMONTE SPRINGS, FL 32701-6414

**Current Mailing Address:**

PO BOX 948117  
MAITLAND, FL 32794-8117

**FEI Number:** 59-1547942

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, KENNETH M.  
300 S INTERLACHEN AVE UNIT 603  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BROWN, KENNETH M  
Address 300 S INTERLACHEN AVE UNIT 603  
City-State-Zip: WINTER PARK FL 32789

Title VD  
Name BROWN, MARGARET M  
Address 300 S INTERLACHEN AVE UNIT 603  
City-State-Zip: WINTER PARK FL 32789

Title V  
Name BROWN, KENNETH DEREK  
Address 1003 TEMPLE GROVE  
City-State-Zip: WINTER PARK FL 32789

Title ST  
Name BROWN, STEPHEN D  
Address 300 S INTERLACHEN AVE UNIT 103  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN BROWN

**TREASURER**

**03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date