

2018 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****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date