

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J21559

**FILED  
Jan 16, 2018  
Secretary of State  
CC8869128649**

**Entity Name:** EDWIN G. BROWN & ASSOCIATES, INC.

**Current Principal Place of Business:**

2813 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 625  
CRAWFORDVILLE, FL 32326 US

**FEI Number:** 59-2684125

**Certificate of Status Desired:** No

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

BROWN, SHAROL P.  
2813 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 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 DP  
Name BROWN, WADE G  
Address 2813 CRAWFORDVILLE HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title ST  
Name BROWN, SHAROL P.  
Address 2813 CRAWFORDVILLE HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AUTHORIZED REPRESENTATIVE  
Name CASH, TRACI B CPA  
Address 2813 CRAWFORDVILLE HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** SHAROL P. BROWN

S/T

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date