

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 691673

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: BRIANT G. MOYLES, D.P.M., P.A.

**Current Principal Place of Business:**

211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-2091713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRESE, GARY B., ESQUIRE  
930 SOUTH HARBOR CITY BOULEVARD, #505  
MELBOURNE, FL 32901 US

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

FRESE, GARY B., ESQUIRE  
930 SOUTH HARBOR CITY BOULEVARD  
#505  
MELBOURNE, FL 32901 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

01/25/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MOYLES, BRIANT G,  
Address: 211 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 00000,

Title: DVS ( ) Delete  
Name: WILSON, RICHARD D.,  
Address: 211 E NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: MOYLES, BRIANT G,  
Address: 211 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: DVS (X) Change ( ) Addition  
Name: WILSON, RICHARD C.,  
Address: 211 E NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIANT G MOYLES

Electronic Signature of Signing Officer or Director

DPT

01/25/2006

Date