

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90050 047 ***150.00

60005204



01092006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000027636 1. Entity Name BRUSH & PUJOL, P.A.					
Principal Place of Business 825 E. MAIN ST. LAKELAND, FL 33801			Mailing Address 825 E. MAIN ST. LAKELAND, FL 33801		
2. Principal Place of Business 842 S. Missouri Ave. Suite, Apt. #, etc.		3. Mailing Address 842 S. Missouri Ave. Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3630699	
Zip 33815		Country Polk		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 1 TALLAHASSEE, FL 32302			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUSH, ROBERT M 825 E. MAIN ST. LAKELAND, FL 33801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brush, Robert M 842 S. Missouri Ave. Lakeland, FL 33815 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUJOL, E. ALEXANDER 825 EAST MAIN STREET LAKELAND, FL 33801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pujol, E. Alexander 842 S. Missouri Ave. Lakeland, FL 33815 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			ROBERT M. BRUSH		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/18/06 863/603-0563 Date Daytime Phone #		