

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000027636		
1. Entity Name BRUSH & PUJOL, P.A.		
Principal Place of Business 842 S. MISSOURI AVE. LAKELAND, FL 33815		Mailing Address 842 S. MISSOURI AVE. LAKELAND, FL 33815
DO NOT WRITE IN THIS SPACE		
		 01112007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3630699		Applied For Not Applicable
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		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000000589941 01/18/07-80037-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUSH, ROBERT M 842 S. MISSOURI AVE. LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUJOL, E. ALEXANDER 842 S. MISSOURI AVE. LAKELAND, FL 33815	
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DO NOT WRITE IN THIS SPACE		
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: <u>Robert M. Brush</u> Robert M. Brush 1-16-07 863/603-0563 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		