

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90031 016 ***150.00

DOCUMENT # P01000054228					
1. Entity Name BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A.					
Principal Place of Business 50 N LAURA ST, STE 2750 JACKSONVILLE, FL 32202			Mailing Address PO BOX 4548 JACKSONVILLE, FL 32201		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3722057	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCCORMICK, JAN D 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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: _____ (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 ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete BRANT, WILLIAM P 1365 CADDELL DR JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete REITER, THOMAS M 1633 BERWICK RD JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete ABRAHAM, DAVID T 5950 CLIFTON AVE JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete MCCORMICK, JAN D 7230 RAMOTH DR JACKSONVILLE, FL 32226				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Change ☒ Addition Greene, Christopher J. 176 San Juan Drive Ponte Vedra Beach, Florida 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/9/06 Daytime Phone #: 9043582750					