2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000054228 1. Entity Name BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P.A.								01-26-200	6 90031	016 ***13	0.00
	e of Business ST, STE 2750 E, FL 32202	Р	Mailing Address PO BOX 4548 JACKSONVILL, FL 32201				4.1500.000				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006 Chg-P CR2E034 (11/05)				
City & State			City & State				4. FEI Number 59-3722				oplied For ot Applicable
Zip	Zip Country		Zip	Coun	try			of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Namo		7. Name and	Address of New	Registered	Agent	
MCCORMICK, JAN D 50 NORTH LAURA STREET					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 2750 JACKSONVILLE, FL 32202											
					City	FL Zip Code					
	named entity submits this st ions of registered agent.	atement for the p	ourpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title	of applicable. (NOTE	E: Registere	d Agent signatur	re required	when rainstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fi											
After Ma	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will be	0.00 e \$ 550.00			ncing		00 May Be ed to Fees				
After Ma	ay 1, 2006 Fee will be	0.00 e \$550.00 CERS AND DIREC	Trust Fund Contr				ed to Fees	CHANGES TO O	FFICERS AN	ID DIRECTOR	S IN 11
After Ma	OFFIC	e \$550.00	Trust Fund Contr	11.		Add 6	ADDITIONS/C			ID DIRECTOR:	S IN 11
After Ma	ay 1, 2006 Fee will be	e \$550.00 CERS AND DIREC	Trust Fund Contr	11. TITLE NAM		VD Gree 176	ed to Fees	istopher Drive	J.	☐ Change	
10. TITLE NAME STREET ADDRESS	OFFIC PD BRANT, WILLIAM P 1365 CADDELL DR	e \$550.00 CERS AND DIREC	Trust Fund Contr	11. TITLE NAM	E ET ADDRESS -ST-ZIP	VD Gree 176	ADDITIONS/Cene, Chri	istopher Drive	J.	☐ Change	
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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 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:

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