


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000044280**

1. Entity Name  
 2501 BRISTOL, INC.



Principal Place of Business      Mailing Address

P.O. BOX 85      P.O. BOX 85  
 WEST PALM BEACH, FL 33402      WEST PALM BEACH, FL 33402

**DO NOT WRITE IN THIS SPACE**



02172006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0753835      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A  
 505 S FLAGLER DR  
 STE 1010  
 WEST PALM BEACH, FL 33401

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000507690  
 04/27/06-80073-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	KOENIG, PATRICK C
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	JOHNSON, RICHARD S JR.
STREET ADDRESS	505 S FLAGLER DR, STE 1010
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:       3-3-06    561-655-7200