

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V62217

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: BROUSSARD, CULLEN, DEGAILLER & EAGAN, P.A.

**Current Principal Place of Business:**

445 WEST COLONIAL DR  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

445 WEST COLONIAL DR  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3140231      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROUSSARD, MICHAEL  
445 WEST COLONIAL DRIVE  
ORLANDO, FL 32804    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: BROUSSARD, MICHAEL  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VDS ( ) Delete  
Name: CULLEN, KAREN J  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: DEGAILLER, BRIAN D  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: EAGAN, BARBARA A  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: DEGAILLER, BRIAN D  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: O (X) Change ( ) Addition  
Name: EAGAN, BARBARA A  
Address: 445 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN J. CULLEN

SEC

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date