

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90018 048 ***150.00

DOCUMENT # 470585

1. Entity Name

CHARLES BRIGANCE, INC.



Principal Place of Business

414 LOCKSLEY LANE
TALLAHASSEE FL 32312

Mailing Address

414 LOCKSLEY LANE
TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1574138

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNOR JR, JAMES C.
325 JOHN KNOX RD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name JAMES R. BREWSTER, ATTORNEY
Street Address (P.O. Box Number is Not Acceptable)
547 North Monroe Street, Suite 203
City Tallahassee FL Zip Code 32301

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

Signature typed or printed name of registered agent and title if applicable.

JAMES R. BREWSTER (NOTE: Registered Agent's Signature is required when reinstating)

DATE

2-25-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME EVPD
STREET ADDRESS BRIGANCE, CHARLES L.
CITY-ST-ZIP 414 LOCKSLEY LANE
TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME D
STREET ADDRESS BROOKS III, GEORGE THOMA
CITY-ST-ZIP 2707 PEMBROKE DR.
PANAMA CITY FL

TITLE ☐ Delete
NAME PST
STREET ADDRESS BRIGANCE, ROCHELLE M
CITY-ST-ZIP 414 LOCKSLEY LN
TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME V
STREET ADDRESS GUNTER, JANET B
CITY-ST-ZIP 6997 OX TRAIL
TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-04

Date

(850) 385-1044

Daytime Phone #