

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Mar 22, 2005 08:00 AM
Secretary of State



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1574138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BREWSTER, JAMES R
547 NORTH MONROE ST., STE 203
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000272588
03/22/05-80013-001 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Rochelle M. Brigance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCHELLE M. BRIGANCE

03-19-05

(850) 385-1044

Date

Outline Price #