2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 470585

1. Entity Name

CHARLES BRIGANCE, INC.



FILED Mar 29, 2006 08:00 AM Secretary of State

Principal Place of Business

414 LOCKSLEY LANE TALLAHASSEE, FL 32312 Mailing Address

414 LOCKSLEY LANE TALLAHASSEE, FL 32312



03112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1574138

Applied For Not Applicet

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

I MELMI IN.	3300, (1. 3230)				THIS SPACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or re	egistered agent, or be	oth, in the State of Florida. I am for	niliar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: flugistated	Agent signature	required when reinstating)	OATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
IO. OFFICERS AND DIRECTORS				· · · · · · · · · · · · · · · · · · ·		e e comparter
TTLE NAME STREET ADDRESS CITY: ST-ZIP	EVPD BRIGANCE, CHARLES L. 414 LOCKSLEY LANE TALLAHASSEE FL, 32312					
tile Hame Street Address City-St-IIP	D BROOKS III, GEORGE THOMA 2707 PEMBROKE DR. PANAMA CITY, FL				U00000483962 04/12/06-80021-01	4 150.00
TTLE SAME STREET ADDRESS STY-ST-ZIP	PST BRIGANCE, ROCHELLE M 414 LOCKSLEY LN TALLAHASSEE, FL 32312			00	NOT WHITE	
TITLE NAME STITEET ADDRESS	V GUNTER, JANET B 6997 OX TRAIL				THIS SPACE	

12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under cells; that I am an officer or private 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Rochelle M. Brigance

13-27-06

850-385-1044