


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 470585</b>	
1. Entity Name <b>CHARLES BRIGANCE, INC.</b>	

Principal Place of Business <b>414 LOCKSLEY LANE TALLAHASSEE, FL 32312</b>	Mailing Address <b>414 LOCKSLEY LANE TALLAHASSEE, FL 32312</b>
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02222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1574138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BREWSTER, JAMES R 547 NORTH MONROE ST., STE 203 TALLAHASSEE, FL 32301</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD BRIGANCE, CHARLES L. 414 LOCKSLEY LANE TALLAHASSEE FL, 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROOKS III, GEORGE THOMA 2707 PEMBROKE DR. PANAMA CITY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST BRIGANCE, ROCHELLE M 414 LOCKSLEY LN TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUNTER, JANET B 6997 OX TRAIL TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u><i>Rochelle M. Brigance</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ROCHELLE M. BRIGANCE</b>	<u>04-16-07</u> <u>850-385-1044</u> <small>Date Daytime Phone #</small>
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