

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

0000009164108
05/08/08-80080-016 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 8997 OX TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Rochelle M. Brigance*, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-08

Date

850-385-1044

Daytime Phone #

ROCHELLE M. BRIGANCE