

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 491542**

1. Entity Name  
BRAGG AVIATION ELECTRONICS, INC.



Principal Place of Business  
855 ST. JOHNS BLUFF RD.  
JACKSONVILLE, FL 32225

Mailing Address  
855 ST. JOHNS BLUFF RD.  
JACKSONVILLE, FL 32225

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1637165  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRAGG, L.D.  
1658 HOLLY OAKS LK RD E  
JACKSONVILLE, FL 32225

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BRAGG, L D  
STREET ADDRESS 1658 HOLLY OAKS LK RD E  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE V  
NAME BRAGG, THOMAS G  
STREET ADDRESS 4530 MORRIS RD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE AVP  
NAME BRAGG, MICHAEL D.  
STREET ADDRESS 6237 ASHMOOR LN  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

110000488322  
04/17/06-80002-009 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-06 904-641-8533  
Date Daytime Phone #