2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# 521190

Entity Name: COLLINS, BROWN, CALDWELL, BARKETT & GARAVAGLIA, CHARTERED

Current Principal Place of Business:

756 BEACHLAND BOULEVARD
P O BOX 3686
VERO BEACH, FL 32964

New Principal Place of Business:

Current Mailing Address:

756 BEACHLAND BOULEVARD
P O BOX 3686
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 59-1795861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS JR., GEORGE G.
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: COLLINS, GEORGE G. JR.
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL

Title: P/D ( ) Delete
Name: BROWN, CALVIN B
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL 32963

Title: TVPD ( ) Delete
Name: BROWN, CALVIN B.
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL

Title: VPDS ( ) Delete
Name: BARKETT, BRUCE D,
Address: 756 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: VPTD ( ) Delete
Name: GARVAGLIA, MICHAEL J
Address: 756 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: AS/D ( ) Delete
Name: THOMPSON, LISA N
Address: 756 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: COLLINS, GEORGE G. JR.
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL

Title: TVPD (X) Change ( ) Addition
Name: BROWN, CALVIN B
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN B. BROWN TVPD 02/08/2006
Electronic Signature of Signing Officer or Director Date