

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # 522969

1. Entity Name

BRASFIELD, FULLER & FREEMAN, P.A.



Principal Place of Business

2553 FIRST AVENUE, NORTH
P. O. BOX 12349
ST. PETERSBURG, FL 33733-2349

Mailing Address

2553 FIRST AVENUE, NORTH
P. O. BOX 12349
ST. PETERSBURG, FL 33733-2349



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1709234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER, JEFFREY R
2553 FIRST AVENUE
ST. PETERSBURG, FL 33713

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRASFIELD, J SCOTT
STREET ADDRESS	2553 FIRST AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	SD
NAME	FULLER, JEFFREY R.
STREET ADDRESS	2553 FIRST AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000734264
05/09/07-80118-020-150.00

**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

J. Scott Brasfield 4/24/07 (727) 327-2258

Date

Daytime Phone #