

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90275 048 ***150.00

DOCUMENT # 535018

1. Entity Name
BERNARD EGAN & COMPANY



Principal Place of Business
**1900 OLD DIXIE HWY.
FT. PIERCE, FL 34946-1497 US**

Mailing Address
**1900 OLD DIXIE HIGHWAY
FT. PIERCE, FL 34946-1497 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number
22-1730979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNELL, RICHARD M JR.
1900 OLD DIXIE HWY
FT. PIERCE, FL 34946**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DVPA**
STREET ADDRESS **CARNELL, RICHARD M JR.**
CITY-ST-ZIP **1900 OLD DIXIE HWY
FT PIERCE, FL 34946**

TITLE ☒ Change ☒ Addition
NAME **Mark Hanks**
STREET ADDRESS **1900 Old Dixie Highway**
CITY-ST-ZIP **Fort Pierce, FL 34946**

TITLE ☐ Delete
NAME **VASD**
STREET ADDRESS **GILET, JEAN J**
CITY-ST-ZIP **1900 OLD DIXIE HWY
FT PIERCE, FL 34946**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **NELSON, GREGORY P.**
CITY-ST-ZIP **1900 OLD DIXIE HWY
FT PIERCE, FL 34946**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **EGAN, ROBERT W**
CITY-ST-ZIP **1900 OLD DIXIE HWY
FT PIERCE, FL 34946**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 a power of attorney.

SIGNATURE: *Richard M. Carnell, Jr.*

Richard M. Carnell, Jr. 3/1/2006 772-489-7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #