

ANNUAL REPORT

DOCUMENT # 556066

1. Entity Name
BRANNON, BROWN, HALEY, ROBINSON & BULLOCK,
P.A.



FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 050 ***150.00

Principal Place of Business
116 NW COLUMBIA AVE
LAKE CITY, FL 32055

Mailing Address
PO BOX 1029
116 NW COLUMBIA AVE
LAKE CITY, FL 32056-1029 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1792266

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

HALEY, WILLIAM J.
116 NW COLUMBIA AVE
LAKE CITY, FL 32055

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, 2005 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 HALEY, WILLIAM
STREET ADDRESS 10 N. COLUMBIA STREET
CITY-ST-ZIP LAKE CITY, FL ☐ Delete

TITLE VPD
NAME BROWN, THOMAS
STREET ADDRESS RT. 20, BOX 2130
CITY-ST-ZIP LAKE CITY, FL ☐ Delete

TITLE SD
NAME ROBINSON, BRUCE W.
STREET ADDRESS RT. 20; BOX 2131
CITY-ST-ZIP LAKE CITY, FL ☒ Delete

TITLE TD
NAME BULLOCK, STEPHEN C
STREET ADDRESS 10 NORTH COLUMBIA STREET
CITY-ST-ZIP LAKE CITY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date: 2/23/05