

2005 FLORIDA SECRETARY OF STATE

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 Mailing Address
 116 NW COLUMBIA AVE
 PO BOX 1029
 116 NW COLUMBIA AVE
 LAKE CITY, FL 32055
 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

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

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

6. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, WILLIAM 10 N. COLUMBIA STREET LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, THOMAS RT. 20, BOX 2130 LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, BRUCE W. RT. 20; BOX 2131 LAKE CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLOCK, STEPHEN C 10 NORTH COLUMBIA STREET LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/23/05

SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Rev. 1/04 Phone #