


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90166 013 ***150.00

DOCUMENT # 556066	
1. Entity Name BRANNON, BROWN, HALEY, ROBINSON & BULLOCK, P.A.	

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
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1792266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALEY, WILLIAM J. 116 NW COLUMBIA AVE LAKE CITY, FL 32055
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, WILLIAM 10 N. COLUMBIA STREET <i>116 NW Columbia Ave</i> LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, THOMAS RT. 20, BOX 2130 <i>116 NW Columbia Ave</i> LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BULLOCK, STEPHEN C 10 NORTH COLUMBIA STREET <i>116 NW Columbia Ave</i> LAKE CITY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *W. Haley* *65662-5. Haley* *Pres* *2-23-6* *FEE 306 2523213*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #