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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 607787

1. Entity Name
A.J. BRACKINS, PROFESSIONAL ASSOCIATION

50023035

03012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~2031 INDIAN RIVER BLVD~~ VERO BEACH, FL 32960 1201 19Th PL, SUITE B30L	~~2031 INDIAN RIVER BLVD~~ VERO BEACH, FL 32960 1201 19Th PL SUITE B30L
2. Principal Place of Business: 1201 19Th PLACE	3. Mailing Address: 1201 19Th PL
Suite, ~~Apt #, etc.~~: B 30L	Suite, ~~Apt #, etc.~~: B 30L
City & State: VERO BEACH, FL	City & State: VERO BEACH FL
Zip: 32960 Country: INDIAN RIVER	Zip: 32960 Country: INDIAN RIVER

4. FEI Number 59-1894979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACKINS, A.J.
~~2031 INDIAN RIVER BLVD~~ 1201 19Th PL, SUITE B30L
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1201 19Th PL, SUITE B 30L

City VERO BEACH FL Zip Code 32960

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	☐ Delete
NAME	BRACKINS, A.J.	
STREET ADDRESS	~~2031 INDIAN RIVER BLVD~~	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	☐ Delete
NAME	BRACKINS, HELEN M	
STREET ADDRESS	6240 20TH ST	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1201 19Th PLACE, SUITE B30L	
CITY-ST-ZIP		
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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)(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: [signature] 3/11/05 772-562-6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A J BRACKINS