2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #633055**

926 NORTHWEST 13TH STREET GAINESVILLE, FL 32601 US

1. Entity Name

THE ATTORNEYS' NATIONAL CLEARING HOUSE CO. Principal Place of Business Mailing Address

PO BOX 142828

GAINESVILLE, FL 32614

US

**FILED** May 01, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01292006 Applied For 4. FEI Number 41-0133200 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE, ESQ. 926 NW 13TH STREET GAINESVILLE, FL 32601

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and a
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registere	d Agent signature	e 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.			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD BIRK, JOSEPH A. 10167 SW 51ST LN GAINESVILLE, FL 332608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BIRK, JOHN M. 10442 SW 49TH LN GAINESVILLE, FL 32608				000000552820 05/15/06-80027-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRK, JONATHAN A. 5908 SOUTHWEST 89TH TERRACE GAINESVILLE, FL 32608	•		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE					

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:** 

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

XCLIATION A. BIKK -YP