

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # H34406 1. Entity Name BRANNEN, STILLWELL & PERRIN, P.A.					
Principal Place of Business 320 HIGHWAY 41 SOUTH INVERNESS FL 34450 US			Mailing Address 320 HIGHWAY 41 SOUTH INVERNESS FL 34450 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2469721 ☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent PERRIN, DONALD F. 320 HIGHWAY 41 SOUTH P.O. BOX 250 INVERNESS FL 34451				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	PERRIN, DONALD F		NAME		
STREET ADDRESS	320 US 41 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		CITY-ST-ZIP	U00000469400 03/25/06-80028-001 150.00	
TITLE	PDST	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	STILLWELL, CLARK A		NAME		
STREET ADDRESS	320 US 41 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Donald F. Perrin</i> Donald F. Perrin Vice President 352-726-6766					