

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # J85161
 1. Entity Name
BRONSON'S, INC.



Principal Place of Business 1415 W. VINE STREET P.O. BOX 420879 KISSIMMEE, FL 34742-7879	Mailing Address 1415 W. VINE STREET P.O. BOX 420879 KISSIMMEE, FL 34742-7879
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2884444	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LACKEY, JAN D.
 1415 WEST VINE STREET
 KISSIMMEE, FL 34741

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, DANNY L. 1415 WEST VINE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CHARLES J. JR 14 E. WASHINGTON ST. ORLANDO, FL
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: DANNY L. LACKEY **DAN LACKEY** 3/15/06 407-847-2847
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #