

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # J93915

1. Entity Name
BRANNAN FIELD PROPERTIES, INC.



Principal Place of Business
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009 US**

Mailing Address
**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009 US**



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2847287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LOVETT, RADFORD D.
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	DTVP
NAME	SHIELDS, DAVID R
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	DP
NAME	COLLEDGE, SHEPHERD E.
STREET ADDRESS	2575 CR220 SUITE 107
CITY-ST-ZIP	MIDDLEBURG, FL 32068

TITLE	S
NAME	MELLO, JEANNINE
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

904-634-8808
Daytime Phone #