


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N00000003668 1. Entity Name WRITERS, INC.		
Principal Place of Business 1021 LAKE LAND HILLS BLVD. LAKE LAND, FL 33805	Mailing Address 337 VALLEJO CT. LAKE LAND, FL 33809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, WALTER L 337 VALLEJO COURT LAKE LAND, FL 33809		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, WALTER L 337 VALLEJO COURT LAKE LAND, FL 33809	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, PICOLA C 5018 SOCRUM LOOP RD LAKE LAND, FL 33809	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDOLPH, TIMOTHY 1415 ALAMEDA DR S LAKE LAND, FL 33805	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 617, 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: <u>Walter L. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-12-06 863-686-1221</u> <small>Date Daytime Phone #</small>



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3629085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/25/06-80007-015 61.25

**DO NOT WRITE
IN THIS SPACE**

EX242