

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005909

FILED  
Feb 17, 2005  
Secretary of State

Entity Name: INDEPENDENT BRACE, INC.

**Current Principal Place of Business:**

3633 CENTURY BLVD., STE. 1  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7443  
LAKELAND, FL 33807

**New Mailing Address:**

FEI Number: 59-3621890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GULLEDGE, RONNIE  
3633 CENTURY BLVD., STE. 1  
LAKELAND, FL 33811 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GULLEDGE, RONNIE  
Address: 621 WILLOW RUN  
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete  
Name: MAY, ALLISON  
Address: 3633 CENTURY BLVD.  
City-St-Zip: LAKELAND, FL 33811

Title: D ( ) Delete  
Name: GULLEDGE, JUDY  
Address: 621 WILLOW RUN  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: GULLEDGE, DEREK  
Address: 3633 CENTURY BLVD.  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON MAY

VP

02/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date