

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005909

FILED
Apr 05, 2007
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 Chapter 119, 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

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date