


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000056735  
 1. Entity Name  
 A. BRENT MCPEEK, ATTORNEY AT LAW, P.A.



Principal Place of Business      Mailing Address  
 3986 S. TAMiami TRAIL      3986 S. TAMiami TRAIL  
 VENICE, FL 34293      VENICE, FL 34293

**DO NOT WRITE IN THIS SPACE**



01052006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1018786      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCPEEK, A. BRENT  
 3986 S. TAMiami TRAIL  
 VENICE, FL 34293

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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, 2006 Fee will be \$550.00**

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

000000384008  
 01/13/06-80023-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCPEEK, BRENT A
STREET ADDRESS	3986 S TAMiami TRAIL
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VP
NAME	COLLINS, AMY
STREET ADDRESS	7408 WEEPING WILLOW BLVD.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:       1/8/06      941-492-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #