

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 013 ***150.00

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03292006 Chg-P CR2E034 (11/05)

| | | | |
|--|---|---|---|
| DOCUMENT # P01000016480 1. Entity Name BRAKORA & ASSOCIATES, INC. | | | |
| Principal Place of Business 358 THIRD STREET, NW WINTER HAVEN, FL 33881 | | Mailing Address 358 THIRD STREET, NW WINTER HAVEN, FL 33881 | |
| 2. Principal Place of Business 322 Fourth ST NW Suite, Apt. #, etc. Winter Haven, FL | | 3. Mailing Address P.O. Box 7147 Suite, Apt. #, etc. Winter Haven, FL | |
| City & State 33881 FL USA | | City & State 33881-7147 FL USA | |
| Zip 33881 | | Zip 33881-7147 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3705528 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BRAKORA, WILLIAM R JR. 5301 NICHOLS WEST LAKELAND, FL 33813 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRAKORA, WILLIAM R JR 5301 NICHOLS WEST LAKELAND, FL 33813 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |