

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000022513					
1. Entity Name SMOOT, ADAMS, EDWARDS & BRINSON, P.A.					
Principal Place of Business 8359 STRINGFELLOW ROAD SUITE 102 UNIT A ST JAMES CITY FL 33956			Mailing Address P O BOX 690 ST JAMES CITY FL 33956		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1081984	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applied	
6. Name and Address of Current Registered Agent BRINSON, MELVILLE G III ESQ 8359 STRINGFELLOW ROAD ST JAMES CITY FL 33956				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 agree to, the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable DATE 1/24/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVPS BRINSON, MELVILLE G III 8359 STRINGFELLOW ROAD ST JAMES CITY FL 33956	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1100000405640 02/07/06-80046-023 150.00 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BRINSON, MELVILLE G III 8359 STRINGFELLOW ROAD ST JAMES CITY FL 33956	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1/24/06 (239)28205		