2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000061142** 06-20-2005 90001 047 ***550.00 BRUNSON AND ASSOCIATES, INC. Mailing Address Principal Place of Business 12243 MANTLE DR 12243 MANTLE DR JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 57-1168893 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNSON, JR EDWARD JOHNSON, ATTORNEY, KEITH H Street Address (P.O. Box Number is Not Acceptable) 8810 GOODBY'S EXECUTIVE DR STE A 12243 MANTLE JACKSONVILLE, FL 32217 City_ JACKSONYILLE Zip Code 32224 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-J. EDWARD BRUNSON IR - 5-25-05 _ PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition MR. ☐ Change TITLE ☐ Delete TITLE NAME BRUNSON, EDWARD J PRES. NAME 12243 MANTLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP MRS. ☐ Change Delete ☐ Addition TITLE TITLE BRUNSON, MARCIA L VP NAME NAME STREET ADDRESS 12243 MANTLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 truefel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attactment with an address. J. EDWARD BRUNSON, JR PRESIDENT 5-25-05 904-504-5395 SIGNATURE:

OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED

Jun 20, 2005 8:00 am

Daytme Phone #