


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90455 015 \*\*\*158.75

<b>DOCUMENT # P05000027023</b>		
1. Entity Name <b>J. B. BRUNSON, INC.</b>		

Principal Place of Business <b>705 S. RANDOLPH AV KISSIMMEE FL 34741</b>	Mailing Address <b>705 S. RANDOLPH AV KISSIMMEE FL 34741</b>
---	---



1st MOORE CR2E034 (10/05)

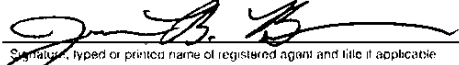
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>16-1719446</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent <b>BRUNSON, JAMES B 705 S. RANDOLPH AV. KISSIMMEE FL 34741</b>		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 accept the obligations of registered agent.

SIGNATURE  **JAMES B. BRUNSON** DATE **1-31-06**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**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 Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>C</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRUNSON, JAMES B</b>		NAME <b>BRUNSON JAMES B,</b>	
STREET ADDRESS <b>705 S. RANDOLPH AV.</b>		STREET ADDRESS <b>705 S. RANDOLPH AVE</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP <b>KISSIMMEE, FL, 34741</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, CHRISTOPHER</b>		NAME <b>JACKSON CHRISTOPHER</b>	
STREET ADDRESS <b>705 S. RANDOLPH AV.</b>		STREET ADDRESS <b>705 S. RANDOLPH AVE</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURRY, ANTHONY</b>		NAME	
STREET ADDRESS <b>705 S. RANDOLPH AV.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRAWDER, BILLY E II</b>		NAME	
STREET ADDRESS <b>705 S. RANDOLPH AV.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  **JAMES B. BRUNSON** DATE **1-31-06** DAYTIME PHONE # **407-908-5364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR