

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036466

FILED
Jan 16, 2006
Secretary of State

Entity Name: BRUNER'S INSURANCE OF EGYPT LAKE INC.

Current Principal Place of Business:

2312 WEST WATERS AVE.
SUITE 6
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

2312 WEST WATERS AVE.
SUITE 6
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3179912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMSON, RANDY A
2312 WEST WATERS AVE.
SUITE 6
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

FULLWOOD, DEBORAH C
2312 WEST WATERS AVE.
SUITE 6
TAMPA, FL 33604 US

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.

SIGNATURE: DEBORAH C FULLWOOD 01/16/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMSON, RANDY A
Address: 2312 W. WATERS AVE SUITE 6
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULLWOOD, DEBORAH C
Address: 2312 W. WATERS AVE SUITE 6
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH C FULLWOOD P 01/16/2006
Electronic Signature of Signing Officer or Director Date