

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 049 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000004331

1. Entity Name
BRUMELL INVESTIGATIONS INC.



Principal Place of Business
P.O. BOX 24642
JACKSONVILLE, FL 32241-4642

Mailing Address
P.O. BOX 24642
JACKSONVILLE, FL 32241-4642

400081110



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3301068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUMELL, ROBERT H III
529 CUNNINGHAM HOLLOW WAY
JACKSONVILLE, FL 32250
2980 WARTLEY RD
JACKSONVILLE FL
32257
RHB

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **PRESIDENT** *X* **4/28/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROBERT H. BRUMELL, III**
STREET ADDRESS **P.O. BOX 24642**
CITY-ST-ZIP **JACKSONVILLE, FL 322414642**

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **4/28/06** **904-880-550**
Date Daytime Phone #