

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000032651

1. Entity Name
PLAINTIFFS' SHAREHOLDERS CORPORATION



Principal Place of Business
**926 NW 13TH STREET
GAINESVILLE, FL 32601**

Mailing Address
**926 NW 13TH STREET
GAINESVILLE, FL 32601**



03272006

No Chg-P

CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3375343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRASHEAR, BRUCE
926 NW 13TH STREET
GAINESVILLE, FL 32601**

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROYAL, FRENCH
843 NORTHWEST 2ND AVE
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JAMES, GEORGE C
17821 JAMES ROAD
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FERENCE, EARL
1101 NORTHWEST 107 TERRACE
GAINESVILLE, FL 326065446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RICHARDSON, KAY
PO BOX 364
EVINSTON, FL 32633**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000502445
04/23/06-60184-004 150.00

**DO NOT WRITE
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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROYAL, FRENCH, President

4-10-06

352 336 0800

Date

Daytime Phone #