

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 034 ***150.00

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1. Entity Name

BRELAND & FARMER DESIGNERS, INC.



Principal Place of Business

**4577 NAUTICAL COURT
DESTIN FL 32541-5321**

Mailing Address

**PO BOX 5215 BWB
NICEVILLE FL 32578-5215**



2. Principal Place of Business

3. Mailing Address

9700 Grand Sandestin Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4323

City & State

City & State

Destin, FL

Zip

Country

Zip

Country

32550

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0535729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRELAND, EDELL
4577 NAUTICAL COURT
DESTIN FL 32541-5321**

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BRELAND, EDELL
STREET ADDRESS 4755 NAUTICAL COURT
CITY-ST-ZIP DESTIN FL 32541-5321

TITLE ☒ Change ☐ Addition
NAME 9700 Grand Sandestin Blvd #4323
STREET ADDRESS Destin, FL 32550
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BRELAND, LINDA
STREET ADDRESS 4577 NAUTICAL COURT
CITY-ST-ZIP DESTIN FL 32541-5321

TITLE ☒ Change ☐ Addition
NAME 9700 Grand Sandestin Blvd #4323
STREET ADDRESS Destin, FL 32550
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06 800-662-8262

Date Daytime Phone #