


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000012751</b> 1. Entity Name <b>BRACKETT, PARKER &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>206614AV 101 VEROBEACH, FL 32960</b>	Mailing Address <b>P.O. BOX 5317 VEROBEACH, FL 32961</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0827741</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BRACKETT, ROBERT A 2066 14 AV VERO BEACH, FL 32966</b>
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**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	P BRACKETT, ROBERT A PO BOX 5317 - 1645 51 CT VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, JEFFREY W 4504 MEDINA WAY SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRACKETT, DANIEL S 1425 43RD CT VERO BEACH, FL 32966
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1100000518956  
04/28/06-80027-001 150.00

**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: Robert A Brackett 4/12/06 772 567-4302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #