

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2006 90050 016 ***150.00

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1. Entity Name

BRETT & REYNOLDS, P.A.



Principal Place of Business

8810 S W HIGHWAY 200, SUITE 8
OCALA FL 34481

Mailing Address

8810 S W HIGHWAY 200, SUITE 8
OCALA FL 34481



2. Principal Place of Business

8810 S.W. HIGHWAY 200
Suite, Apt. #, etc.
SUITE 122

3. Mailing Address

P.O. DRAWER 2480
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

OCALA, FLORIDA

City & State

DUNNELLON, FLORIDA

4. FEI Number

59-3530693

Applied For

Not Applicable

Zip

34481

Country

U.S.A.

Zip

34430

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, ROBERT J
8810 S W HIGHWAY 200, SUITE 8/122
OCALA FL 34481

7. Name and Address of New Registered Agent

Name ROBERT J. REYNOLDS

Street Address (P.O. Box Number is Not Acceptable)
8810 S.W. HIGHWAY 200, SUITE 122

City Ocala

FL

Zip Code 34481

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

Robert Reynolds

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 JAN 2006

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

TITLE PM
NAME REYNOLDS, ROBERT J
STREET ADDRESS 8810 S W HIGHWAY 200, SUITE 8/122
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Robert Reynolds

ROBERT J. REYNOLDS

1/25/06 (352)854-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #