

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000000297 1. Entity Name BRICKLEMYER SMOLKER & BOLVES, P.A.	
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Principal Place of Business 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602	Mailing Address 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3552748	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRICKLEMYER, KEITH W
500 EAST KENNEDY BLVD. #200
TAMPA, FL 33602

**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.

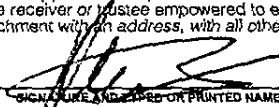
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	U00000384316 01/17/06-80005-022 157.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKLEMYER, KEITH W 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLVES, BRIAN A 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOLKER, DAVID 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, JAY J 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLAND, DOUGLAS C 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORCUTT, GREGORY J 500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602

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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:  **KEITH W. BRICKLEMYER** 1/10/06 (813) 223-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #