

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V48549		
1. Entity Name E. BRUCE BILLINGSLEY, P.A.		
Principal Place of Business 1210 MILLENNIUM PKWY STE 1030 BRANDON, FL 33511 US		Mailing Address 1210 MILLENNIUM PKWY STE 1030 BRANDON, FL 33511 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BILLINGSLEY, E. BRUCE 1210 MILLENNIUM PKWY STE 1030 BRANDON, FL 33511		 01092006 No Chg-P CR2E034 (11/05) 4. FES Number 59-3133056 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when consulting)		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		DO NOT WRITE IN THIS SPACE U00000489210 04/24/06-80021-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BILLINGSLEY, E. BRUCE 1210 MILLENNIUM PKWY STE 1030 BRANDON, FL 33511	
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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 an an attachment with an address, with all other like empowered.		
SIGNATURE: <u>E. Bruce Billingsley</u>		4-6-06 813654-8916 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #