

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # J06223

1. Entity Name
BREN-CON, INC.



Principal Place of Business
207 N. MAGNOLIA AVE.
P.O. BOX 5863
OCALA, FL 34475

Mailing Address
207 N. MAGNOLIA AVE.
P.O. BOX 5863
OCALA, FL 34475



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2656063 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C
207 N. MAGNOLIA AVENUE
OCALA, FL 34475

**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 reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLDEN, CARMAN R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2MO.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLDEN, MURIEL R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2MO.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOY, BRENDA RR 1 MADOC ONTARIO, CA kok 2ko
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, CONNIE RR 1 MADOC ONTARIO, CA kok 2ko
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000438950
 03/01/06-90026-020 150.00

**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: Muriel Colden - MURIEL COLDEN Feb 11, 2006 (613) 472-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #