

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06223

FILED
Jan 31, 2011
Secretary of State

Entity Name: BREN-CON, INC.

Current Principal Place of Business:

207 N. MAGNOLIA AVE.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2656063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLDEN, CARMAN
Address: 28A BURSTHALL ST, P.O. BOX 30
City-St-Zip: MARMORA, ONT. KOK 2M0, ON KOK 2M0 CA

Title: ST
Name: COLDEN, MURIEL
Address: 28A BURSTHALL ST, P.O. BOX 30
City-St-Zip: MARMORA,, ON KOK 2M0 CA

Title: VP
Name: MCCOY, BRENDA
Address: RR 1
City-St-Zip: MADOC, ON KOK 2KO CA

Title: VP
Name: ROBINSON, CONNIE
Address: RR 1
City-St-Zip: MADOC, ON KOK 2KO CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARMAN COLDEN

PRES

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date