


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 527664</b> 1. Entity Name BRUNS & BRUNS, INC.	
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Principal Place of Business 1072 SIXTH AVENUE, N. NAPLES, FL 34102 US	Mailing Address 1072 SIXTH AVENUE, N. NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1720871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNS, DAVID B  
1072 SIXTH AVE. NORTH  
NAPLES, FL 34102

**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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNS, LINDA M. 5305 TAMARIND RIDGE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNS, DAVID B. 5305 TAMARIND RIDGE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUNS, DAVID B. 5305 TAMARIND RIDGE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/07-80072-009 150.00

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:**  **44607 239-261-5945**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #