


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 032 ***150.00

DOCUMENT # F04000000280		
1. Entity Name T. BRESNER ASSOCIATES, INC.		
Principal Place of Business 11 SUMMIT STREET HASTINGS ON HUDSON NY 10706		Mailing Address 1658 S. OCEAN LANE 146 FORT LAUDERDALE FL 33316
2. Principal Place of Business - No P.O. Box # 40 Ashley Road		3. Mailing Address 1817 Marietta Drive
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Hastings on Hudson, NY		City & State Ft. Lauderdale, FL
Zip 10706	Country USA	Zip 33316 Country USA



1st MOORE CR2E034 (10/07)

4. FEI Number 13-3582729		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLANKENBAKER, DANA R 1658 S. OCEAN LANE, #146 FORT LAUDERDALE FL 33316		
7. Name and Address of New Registered Agent Name Dana R. Blankenbaker Street Address (P.O. Box Number is Not Acceptable) 1817 Marietta Drive (Marietta) City Ft. Lauderdale FL Zip Code 33316		

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 *Dana Blankenbaker* DATE 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESNER, TRUDI C 40 ASHLEY ROAD HASTINGS ON HUDSON NY 10706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dana Blankenbaker* DATE 3/17/08 917-549-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR