


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006630		
1. Entity Name BRENNAN ASSOCIATES, INC.		
Principal Place of Business 1125 B SPARKLEBERRY LANE COLUMBIA, SC 29223	Mailing Address 1125 B SPARKLEBERRY LANE COLUMBIA, SC 29223	



09062006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0956658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)

U00000576543

09/08/06-80063-014 550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRENNAN, JAMES J
STREET ADDRESS	1125 B SPARKLEBERRY LANE
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	D
NAME	CARTER, AMANDA
STREET ADDRESS	1125 B SPARKLEBERRY LANE
CITY-ST-ZIP	COLUMBIA, SC 29223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PA Carter **P.A Carter Dir. of Operations** **9/6/06** **803-788-7717**