


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J06223</b> 1. Entity Name <b>BREN-CON, INC.</b>	
---	---

Principal Place of Business <b>207 N. MAGNOLIA AVE. P.O. BOX 5863 OCALA, FL 34475</b>	Mailing Address <b>207 N. MAGNOLIA AVE. P.O. BOX 5863 OCALA, FL 34475</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2656063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLDEN, CARMAN R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2M0,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COLDEN, MURIEL R.R. 2, P.O. BOX 30 MARMORA, ONT. KOK 2M0,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCCOY, BRENDA RR 1 MADOC ONTARIO, CA kok 2ko</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBINSON, CONNIE RR 1 MADOC ONTARIO, CA kok 2ko</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000042098  
02/10/04-80010-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3, 2004* *613-472-2375*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #