

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # J06223

1. Entity Name
BREN-CON, INC.



Principal Place of Business
207 N. MAGNOLIA AVE.
P.O. BOX 5863
OCALA, FL 34475

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



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2656063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLDEN, CARMAN
STREET ADDRESS	R.R. 2, P.O. BOX 30
CITY-ST-ZIP	MARMORA, ONT. KOK 2M0,
TITLE	ST
NAME	COLDEN, MURIEL
STREET ADDRESS	R.R. 2, P.O. BOX 30
CITY-ST-ZIP	MARMORA, ONT. KOK 2M0,
TITLE	VP
NAME	MCCOY, BRENDA
STREET ADDRESS	RR 1 MADOC
CITY-ST-ZIP	ONTARIO, CA kok 2ko
TITLE	VP
NAME	ROBINSON, CONNIE
STREET ADDRESS	RR 1 MADOC
CITY-ST-ZIP	ONTARIO, CA kok 2ko
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:

Muriel Colden - MURIEL COLDEN - JAN: 28, 2008 (613) 472-2375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #