

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06223

Entity Name: BREN-CON, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

207 N. MAGNOLIA AVE.
OCALA, FL 34475

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2656063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRENTELMAN, JOHN C
207 N. MAGNOLIA AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLDEN, CARMAN,
Address: R.R. 2, P.O. BOX 30
City-St-Zip: MARMORA, ONT. KOK 2M0,

Title: ST () Delete
Name: COLDEN, MURIEL,
Address: R.R. 2, P.O. BOX 30
City-St-Zip: MARMORA, ONT. KOK 2M0,

Title: VP () Delete
Name: MCCOY, BRENDA
Address: RR 1 MADOC
City-St-Zip: ONTARIO, CA KOK 2KO

Title: VP () Delete
Name: ROBINSON, CONNIE
Address: RR 1 MADOC
City-St-Zip: ONTARIO, CA KOK 2KO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN COLDEN

MR

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date