

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # J88612 1. Entity Name BRUNDERMAN BUILDING COMPANY, INC.							
Principal Place of Business: 4288 PINNACLE ST. CHARLOTTE HARBOR, FL 33980 US		Mailing Address: 4288 PINNACLE ST. CHARLOTTE HARBOR, FL 33980 US					
6. Name and Address of Current Registered Agent OAKS, DAVID K. 407 E MARION AVE PUNTA GORDA, FL 33950		 01032007 No Chg-P CR2E034 (11/05) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0004061</td> <td style="padding: 2px;">Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0004061	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 65-0004061	Applied For ☐ Not Applicable						
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
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 reappointing)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		U00000578964 01/09/07-80050-011 150.00					
TITLE	DP						
NAME	BRUNDERMAN, BRIAN						
STREET ADDRESS	2095 TINKER ST						
CITY-ST-ZIP	PT CHARLOTTE, FL 33948						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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		1/07/07 941-425-4524					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #					