

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90032 026 \*\*\*150.00

**DOCUMENT # L30819**

1. Entity Name  
**BRANDON FAST FOOD SERVICES, INC.**



Principal Place of Business

% JEROME B. RUENHECK  
1944 E. EDGEWOOD DR.  
LAKELAND, FL 33803

Mailing Address

% JEROME B. RUENHECK  
1944 E. EDGEWOOD DR.  
LAKELAND, FL 33803

4401616J



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2989424**

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**

RUENHECK, JEROME B.  
1944 E. EDGEWOOD DR.  
LAKELAND, FL 33803

**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, 2004 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	SHIMP, WILLIAM L.
STREET ADDRESS	1944 E EDGEWOOD DR
CITY - ST - ZIP	LAKELAND, FL
TITLE	S
NAME	RUENHECK, JEROME B.
STREET ADDRESS	1944 E EDGEWOOD DR
CITY - ST - ZIP	LAKELAND, FL
TITLE	C
NAME	RUENHECK, WILBERT H.
STREET ADDRESS	1944 E. EDGEWOOD DRIVE
CITY - ST - ZIP	LAKELAND, FL 33803
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 exemption stated in Section 119.07(3)(i), 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 #