


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 029 ***150.00

DOCUMENT # L35614
 1. Entity Name
BARBARA BRENNAN REALTY, INC.



Principal Place of Business
632 N. WOODLAND BLVD #2 DELAND, FL 32720 US

Mailing Address
632 N. WOODLAND BLVD #2 DELAND, FL 32720 US

2. Principal Place of Business - No P.O. Box #
311 E Rich Avenue
 Suite, Apt. #, etc.

3. Mailing Address
311 E Rich Avenue
 Suite, Apt. #, etc.

City & State
Deland, FL

City & State
Deland, FL

Zip Country
32724 US

Zip Country
32724 US

01222008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2982181

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
BRENNAN, BARBARA L.
632 N. WOODLAND BLVD #2 DELAND, FL 32720

7. Name and Address of New Registered Agent
 Name
Brennan, Barbara L.
 Street Address (P.O. Box Number is Not Acceptable)
311 E Rich Avenue
 City
Deland FL Zip Code
32724

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 *Barbara L. Brennan* DATE **1/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	D BRENNAN, BARBARA L. 3510 AMETHYST CT DELAND, FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRENNAN, WILLIAM J. 3510 AMETHYST CT DELAND, FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAW, ASHLEY M 1281 W. WINNEMISSETT AVE. DELAND, FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara L. Brennan* DATE: **1/23/08** DAYTIME PHONE #: **386 734 5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR