## 2006 FOR PROFIT CORPORATION.

## **FILED** Mar 06, 2006 08:00 AM Secretary of State No Chg-P CRZE034 (11/05) 02202006 4. FEI Number Applied For 59-3001332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required IN THIS SPACE

Davima Phone i

ANNUAL REPURI	
DOCUMENT # L56704	
I. Enlity Name	
BRENOR CORPORATION	

6. Name and Address of Current Registered Agent



Principal Place of Business

COOPER, BRENDA 1884 DOLPHIN BLVD. S. ST. PETERSBURG, FL 33707

SIGNATURE:

Malling Address

1884 DOLPHIN BLVD. SOUTH ST. PETERSBURG, FL 33707

1884 DOLPHIN BLVD. SOUTH ST. PETERSBURG, FL 33707

## DO NOT WRITE IN THIS SPACE

AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DO	NOT	WRITE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	t affice ar a	agistered agent, or bo	xh, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🛚	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ITP	PO COOPER, ORVAL C. 1884 DOLPHIN BLVD. S. ST. PETERSBURG, FL				U00000456206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOPER, BRENDA D. 1884 DOLPHIN BLVD. S. ST. PETERSBURG, FL				03/16/06-80019-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
THLE NAME SITEET ADDRESS CITY-ST-ZIP	_				
12. I hereby of indicated of the corchanged.	cently that the information supplied with this till on this report or supplemental report is true a poration or the receiver or trustee ampowers or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signature to execute this report as require other like empowered.	nptions co re shall har ad by Chap	ntained in Chapter 17 ve the same legal effe ter 607, Florida Statut	<ol> <li>Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if</li> </ol>