2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006390

1. Entity Name
BRENDA'S UNIQUE RETREAT, INC.

Principal Place of Business	Mailing Address
84 CROOKED PINE RD. PORT ORANGE, FL 32128	84 CROOKED PINE RD. PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0581386
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAPP, BRENDA E
84 CROOKED PINE RD.
PORT ORANGE, FL 32128

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAPP, BRENDA E
STREET ADDRESS	84 CROOKED PINE RD.
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	SD
NAME	FARLEY, JONI
STREET ADDRESS	RR41 BOX 362A
CITY-ST-ZIP	FAIRBEE, VT 05045
TITLE	VD
NAME	LARABEE, DON
STREET ADDRESS	RT. 25
CITY-ST-ZIP	FAIRBEE, VT 05045
TITLE	TD
NAME	LARABEE, JIM
STREET ADDRESS	BOX 216
CITY-ST-ZIP	BRADFORD, VT 05033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000500805
04/25/06-80036-014 61.25

DO NOT WRITE IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 .. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #