

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000049390

1. Entity Name
T.M. BRENEMAN, INC.

Principal Place of Business
**588 W. VALLEY DR.
BONITA SPRINGS, FL 34134**

Mailing Address
**588 W. VALLEY DR.
BONITA SPRINGS, FL 34134**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1014214** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRENEMAN, THOMAS M
588 W. VALLEY DR.
BONITA SPRINGS, FL 34134**

**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 \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000123728
04/22/04-80015-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BRENEMAN, THOMAS M**
STREET ADDRESS **588 W. VALLEY DR.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **S**
NAME **BRENEMAN, THOMAS M**
STREET ADDRESS **588 W. VALLEY DR.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **T**
NAME **BRENEMAN, THOMAS M**
STREET ADDRESS **588 W. VALLEY DR.**
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CITY-ST-ZIP

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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)(f), 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: THOMAS M. BRENEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Breneman

4/19/04

Date

Daytime Phone #

239-948-4770