

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064696

1. Entity Name
THE BRENNEMAN CORPORATION OF ORLANDO



FILED

05 MAY -6 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12365 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32821

Mailing Address
12365 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32821



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3162901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRENNEMAN, KENT
1401 HIDDEN HARBOUR RD
KISSIMMEE, FL 34741

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | M |
| NAME | BRENNEMAN, KENT |
| STREET ADDRESS | 12365 SOUTH ORANGE BLOSSOM |
| CITY-ST-ZIP | ORLANDO, FL 32837 |
| TITLE | AM |
| NAME | BRENNEMAN, CHAD |
| STREET ADDRESS | 12365 S. ORANGE BLOSSOM TRAIL |
| CITY-ST-ZIP | ORLANDO, FL 32821 |
| TITLE | CO |
| NAME | BRENNEMAN, PAM |
| STREET ADDRESS | 1401 HIDDEN HARBOR |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

800054012708
05/06/05--01060--025 **\$50.00

**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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/05
Date

607 820-4140
Daytime Phone #

519aw