

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90119 043 \*\*\*150.00

**DOCUMENT # P00000064696**

1. Entity Name  
**THE BRENNEMAN CORPORATION OF ORLANDO**



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

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

**66013456**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3162901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$160.00  
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	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	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 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:** *Kent Brenneeman* **Kent Brenneeman** **5-31-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #