

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul-15, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000114189

1. Entity Name

BREGANO ENTERPRISES, INC.



Principal Place of Business

419 SPINNAKER DRIVE  
MARCO ISLAND, FL 34145

Mailing Address

C/O RONALD S. WEBSTER  
985 N. COLLIER BLVD  
MARCO ISLAND, FL 34145



06242004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3697577

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S  
985 N COLLIER BLVD  
MARCO ISLAND, FL 34145

DO NOT WRITE  
IN THIS SPACE

2. 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 reappointing)

UN00000166516

07/15/04-20011-022 150.00

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUECKERT, KARL H
STREET ADDRESS	419 SPINNAKER DRIVE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	ST
NAME	RUECKERT, URSULA
STREET ADDRESS	419 SPINNAKER DRIVE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*K. H. Rueckert* (K. H. Rueckert) 7/1/04