


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90037 012 \*\*\*150.00

**DOCUMENT # P01000065750**

1. Entity Name  
**J. BRENNAN, INC.**



Principal Place of Business  
**4193 S. TAMIAMI TR.  
 VENICE FL 34293**

Mailing Address  
**4500 WINNERS CIR  
 #211  
 SARASOTA FL 34238**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4648 Gaeta Drive**  
 Suite, Apt. #, etc.


City & State  
**Venice, Florida**

City & State  
**Venice, Florida**

Zip  
**34293**

Country  
**USA**

**3020889**



MOORE CR2E034 (11/03)

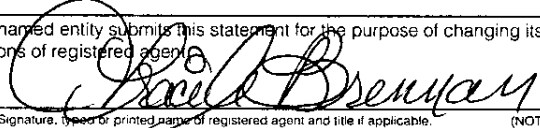
6. Name and Address of Current Registered Agent  
**BRENNAN, JOSEPH P  
 4500 WINNERS CIRCLE #2111  
 SARASOTA FL 34238**

4. FEI Number **65-1116311** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **Traci A. Brennan**  
 Street Address (P.O. Box Number is Not Acceptable) **4648 Gaeta Drive**  
 City **Venice** FL Zip Code **34293**

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 **3/19/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

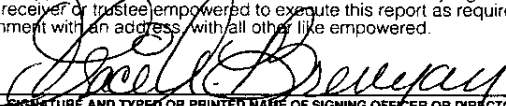
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNAN, JOSEPH P	
STREET ADDRESS	4500 WINNERS CIRCLE #2111	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRENNAN, TRACI	
STREET ADDRESS	4500 WINNERS CIRCLE #2111	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4648 Gaeta Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4648 Gaeta Dr.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **3/19/04** DAYTIME PHONE # **941-493-4798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR