2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023968

1. Entity Name

BRENNAN CORPORATION

FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5580 8TH ST W Suite 6 & 7

SUITE 6 & 7 LEHIGH ACRES, FL 33971 5580 8TH ST W SUITE 6 & 7 LEHIGH ACRES, FL 33971



DO NOT WRITE IN THIS SPACE

04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 30-0110357

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

STARLIN, HEYWARD B 10090 VALIANT CT #201 FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or prened name or registered agent and the n	Tappicable (NOTE: Hegistered	Agent signature	required when reinstaing?	UA) E
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		\$5.00 May Be Added to Fees	000000938284 05/27/08-80083-019 158.75
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAMOND, DAVID B 28650 ATTESSA WAY NO. 201 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEANGELIS, JOHN M 2316 HARRIER RUN NAPLES, FL 31405				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARLING, HEYWARD B 10090 VALIANT CT #201 FORT MYERS, FL 33913			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE					

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:

NAME STREET ADDRESS

SMATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Daytime Phone ∉