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

SIGNATURE:

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # P02000100599** 1. Entity Name 03-22-2004 90041 039 ***150.00 J BRENNAN II, INC. Principal Place of Business Mailing Address 12001 POPASH GLEN 4500 WINNERS CIR. 24021002 **BRADENTON FL 34202** SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address 360 Commercial Court <u>4648 Gaeta</u> Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Venice Applied For City & State 4. FEI Number 33-1022949 =Iorida venice Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3429 34292 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brennan BRENNAN, JOSEPH Box Number is Not Acceptable) Address (P.O. 4500 WINNERS CIR. #2111 SARASOTA FL 34238 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 SIGNATUI (NQTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change Addition NAME BRENNAN, JOSEPH P NAME 4648 Gaeta Brive STREET ADDRESS 4500 WINNERS CIR. #2111 STREET ADDRESS venice, FL 34293 CITY ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME BRENNAN, TRACI A NAME 4648 Gaeta Drive STREET ADDRESS 4500 WINNERS CIR. #2111 STREET ADDRESS venice, FL 34293 SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 organ attachment with an address with all other like empowered.

FILED