

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000118917

1. Entity Name
BRILLIANT CORP



Principal Place of Business
**2697 63RD AVE S
ST PETERSBURG, FL 33712 US**

Mailing Address
**2697 63RD AVE S
ST PETERSBURG, FL 33712 US**



06282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0641219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORTHOVER-SANTNER, KAREN
3020 ANTIQUE OAKS CIR
#133
WINTERPARK, FL 32792**

**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 reexisting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	PDTS
NAME	NORTHOVER-SANTNER, KAREN
STREET ADDRESS	3020 ANTIQUE OAKS CIR #133
CITY-ST-ZIP	WINTERPARK, FL 32792
TITLE	VP
NAME	SANTNER, OTTO S
STREET ADDRESS	3020 ANTIQUE OAKS CIR #133
CITY-ST-ZIP	WINTERPARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/30/05-80001-021 150.00

**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 an address, with all other like empowered.

SIGNATURE:

Karen Northover-Santner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/05
Date

407-923-2797
Daytime Phone #