

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119181 1. Entity Name BRIMAR INCORPORATED	
--	---

Principal Place of Business 3506 ENTERPRISE AVE. NAPLES, FL 34104	Mailing Address 3506 ENTERPRISE AVE. NAPLES, FL 34104
---	---



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3722833	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAMER, FREDERICK C 950 N COLLIER BLVD STE 201 MARCO ISLAND, FL 34145

**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.

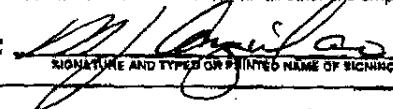
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGUILANO, MARC J 1114 WHITEHEART CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGUILANO, MARC J 114 WHITEHEART CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGUILANO, NATALIE 1114 WHITEHEART CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGUILANO, NATALIE 114 WHITEHEART CT. MARCO ISLAND, FL 34145
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 19.07(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 507, 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:  **429-05** **239-643-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #