

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90001 021 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P03000069305</b>   |  |  |   |   |  |
| <b>1. Entity Name</b><br>BRAUNER INVESTMENTS, INC.   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>7590 RIVER AVENUE<br>GREEN COVE SPRINGS, FL 32043  |  |  | <b>Mailing Address</b><br>7590 RIVER AVENUE<br>GREEN COVE SPRINGS, FL 32043 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BRAUNER, ANGELA K<br>7590 RIVER AVENUE<br>GREEN COVE SPRINGS, FL 32043   |  |  |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code              |  |
| <b>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.</b>   |  |  |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |   |  |
| TITLE  | PST<br>BRAUNER, ANGELA K <input type="checkbox"/> Delete<br>STREET ADDRESS<br>7590 RIVER AVENUE<br>CITY-ST-ZIP<br>GREEN COVE SPRINGS, FL 32043           |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | VP<br>BRAUNER, ANGELA K <input checked="" type="checkbox"/> Delete<br>STREET ADDRESS<br>7590 RIVER AVENUE<br>CITY-ST-ZIP<br>GREEN COVE SPRINGS, FL 32043 |  | TITLE   | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>BRAUNER, FRANK E.<br>STREET ADDRESS<br>7590 RIVER AVE<br>CITY-ST-ZIP<br>GREEN COVE SPRINGS, FL 32043 |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b>  |  |  | Date _____ Daytime Phone # _____  |   |  |