2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145620

1. Entity Name
RUSS-BREN, INC.

Principal Place of Business	Mailing Address
1532 US HWY 41 BY-PASS VENICE, FL 34293	1532 US HWY 41 BY-PASS VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

02152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
77-0618378	Not Applicable

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

6. Name and Address of Current Registered Agent

HECKMAN, DONALD H
5227 14TH ST WEST
BRADENTON, FL 34207

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000688830
04/11/07-80011-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAWFORD, RUSSELL
STREET ADDRESS	1532 US HWY 41 BY-PASS
CITY-ST-ZIP	VENICE, FL 34293

TITLE	D
NAME	CRAWFORD, BRENDA
STREET ADDRESS	1532 US HWY 41 BY-PASS
CITY-ST-ZIP	VENICE, FL 34293

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   2/15/07   941-497-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #