


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90053 025 \*\*\*150.00

<b>DOCUMENT # P04000003953</b> 1. Entity Name <b>BARBRA-RENEE BRIGHENTI P.A.</b>					
Principal Place of Business <b>5840 FERRARA DRIVE SARASOTA, FL 34238</b>			Mailing Address <b>5840 FERRARA DRIVE SARASOTA, FL 34238</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0544308</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BRIGHENTI, BARBRA-RENEE 5840 FERRARA DRIVE SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date _____ Daytime Phone # _____					

**50004926**



01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0544308**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BRIGHENTI, BARBRA-RENEE  
5840 FERRARA DRIVE  
SARASOTA, FL 34238**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**9 BRIGHENTI, BARBRA-RENEE  
5840 FERRARA DRIVE  
SARASOTA, FL 34238**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

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SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_