


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90076 012 \*\*\*150.00

<b>DOCUMENT #</b> P04000024486	
1. Entity Name <b>BRUNER CONSTRUCTION CO.</b>	

Principal Place of Business <b>6347BLUE SPRINGS RD. GREENWOOD FL 32443</b>	Mailing Address <b>PO BOX 314 COTTONDALE FL 32431</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>Cottondale, FL 32431</b> City & State	3. Mailing Address  Suite, Apt. #, etc. <b>P.O. Box 314 Cottondale, FL</b> City & State
Zip <b>32431</b>	Country <b>USA</b>

1st MOORE	CR2E034 (10/06)
4. FEI Number <b>27-0080546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BRUNER, JOHN 6347 BLUE SPRINGS RD. GREENWOOD FL 32443</b>	
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7. Name and Address of New Registered Agent  Name <b>John Bruner</b> Street Address (P.O. Box Number is Not Acceptable) <b>6347 Blue Springs rd.</b> City <b>Greenwood</b> State <b>FL</b> Zip Code <b>32443</b>	
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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 <b>John Bruner</b> <small>Signature (typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE <b>1-23-07</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST / ZIP	P BRUNER, JOHN P O BOX 314 COTTONDALE FL 32431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <b>John Bruner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-23-07</b>	DAYTIME PHONE # <b>850-573-1486</b>
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