## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000096162

Entity Name: BRN SERVICES, INC

FILED Apr 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1751 CEDAR GLEN DR 1631 ROCK SPRINGS RD. APOPKA, FL 327128125 US

PMB 317

APOPKA, FL 327122229 US

**Current Mailing Address: New Mailing Address:** 

1751 CEDAR GLEN DR 1631 ROCK SPRINGS RD.

PMB 317 APOPKA, FL 327128125 US

APOPKA, FL 327122229 US

FEI Number: 20-1290457 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NUNN, BILLIE R JR NUNN, BILLIE R JR 1751 CEDAR GLEN DR 1631 ROCK SPRINGS RD. APOPKA, FL 327128125 US PMB 317

APOPKA, FL 327122229 US

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.

SIGNATURE: 04/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

NUNN, BILLIE R JR NUNN, BILLIE R JR Name: Name: 1751 CEDAR GLEN DR 1631 ROCK SPRINGS RD. PMB 317 Address: Address:

City-St-Zip: APOPKA, FL 327128125 US City-St-Zip: APOPKA, FL 327122229 US

( ) Delete Title: Title: (X) Change ( ) Addition

Name: NUNN, WANZA R Name: NUNN, WANZA R

1751 CEDAR GLEN DR Address: 1631 ROCK SPRINGS RD. PMB 317 Address: APOPKA, FL 327128125 US APOPKA, FL 327122229 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLIE R. NUNN JR. **PRES** 04/07/2009