


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90296 039 ***150.00

DOCUMENT # P04000160500	
1. Entity Name LAW OFFICE OF DAVID A. BRENER, P.A.	

Principal Place of Business 1424 DEAN ST CAPE CORAL, FL 33910	Mailing Address 2133 Main St. Fort Myers, FL 33901
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00011486



2. Principal Place of Business 2133 Main St.	3. Mailing Address 2133 Main St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State Fort Myers FL	City & State Fort Myers
Zip 33901	Zip 33901
Country Lee	Country Lee

4. FEI Number 65-0683639	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRENER, DAVID A 1421 LEE STREET, SUITE A FORT MYERS, FL 33901	
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7. Name and Address of New Registered Agent	
Name David A. Brener	
Street Address (P.O. Box Number is Not Acceptable) 2133 Main St	
City Fort Myers	FL Zip Code 33901

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 **David A. Brener** DATE **4-11-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	<input type="checkbox"/> Delete D BRENER, DAVID A 1421 LEE STREET, SUITE A FORT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **David A. Brener** **David A. Brener** (239) 332-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #