## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 06, 2008 08:00 A DOCUMENT # P04000160500 **Secretary of State** 1. Entity Name LAW OFFICE OF DAVID A. BRENER, P.A. Principal Place of Business Mailing Address 2133 MAIN ST FORT MYERS FL 33901 **2133 MAIN ST** FORT MYERS FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Surte, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0683639 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRENER DAVID A Street Address (P.O. Box Number is Not Acceptable) **2133 MAIN ST** FORT MYERS FL 33901 Zip Code 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 colligations of registered agent. gnature, typed or corred name of registered agent and the if application (NOTE: Registered Agent eignature required when rejestating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE De etc TITLE BRENER, DAVID A NAME NAME U00000849914 STREET ADDRESS 2133 MAIN STREET STREET ADORESS 03/21/08-80040-003 150.00 FORT MYERS FL 33901 CITY ST-ZIP CITY - ST- ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME FEATE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-SI-ZIP ☐ Change Deiete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete TITLE Change Addition TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

IAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-26-08

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