


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P07797	
1. Entity Name J.W. BRUNNER, INC.	

Principal Place of Business 5760 SHIRLEY STREET SUITE 15, BUILDING 2 NAPLES, FL 34109 US	Mailing Address 14 DARBY CT. NEW HARTFORD, NY 13413
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-0954261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUNNER, PETER T 481 RAVEN WAY SUITE 105 NAPLES, FL 34110	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000032500 02/05/04-80006-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BRUNNER, JACK W. 8937 TIBBITTS ROAD NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRUNNER, MARCIA S. 8937 TIBBITTS ROAD NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUNNER, PETER T. 481 RAVEN WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: 	2/10/04 239-598-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #