


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P07797 1. Entity Name J.W. BRUNNER, INC.	
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Principal Place of Business 5730 SHIRLEY STREET NAPLES, FL 34109 US	Mailing Address 14 DARBY CT. NEW HARTFORD, NY 13413
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04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD	NAME BRUNNER, JACK W.
STREET ADDRESS 8937 TIBBITTS ROAD	CITY-ST-ZIP NEW HARTFORD, NY 13413
TITLE SD	NAME BRUNNER, MARCIA S.
STREET ADDRESS 8937 TIBBITTS ROAD	CITY-ST-ZIP NEW HARTFORD, NY 13413
TITLE V	NAME BRUNNER, PETER T.
STREET ADDRESS 481 RAVEN WAY	CITY-ST-ZIP NAPLES, FL 34110
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80125-012 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heeler 239-598-2124
Date Daytime Phone #