

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 036 ***150.00

DOCUMENT # P92000004634

1. Entity Name

BRUNNER ENTERPRISES, INC.

2005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6211 ST AUGUSTINE RD

Suite, Apt. #, etc.

3. Mailing Address

6211 ST AUGUSTINE RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. FEI Number
59-3309268

Applied For
Not Applicable

Zip
32217

Country
DUVAL

Zip
32217

Country
DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P- BURCH, ISAAC S
6211 ST AUGUSTINE RD
JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP - BURCH, PENNIE
6211 ST AUGUSTINE RD
JACKSONVILLE FL 32217

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Isaac Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-5-05 9047311355
Date Daytime Phone #

CR2E034B (12/02)