

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90007 006 \*\*\*150.00

**DOCUMENT # P96000103602**

1. Entity Name  
**NIALL BRENNAN STABLES, INC.**



Principal Place of Business

7505 W. HWY 326  
OCALA, FL 34482

Mailing Address

9119 NW HIGHWAY 225-A  
OCALA, FL 34482

44049795



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1665890**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

LAWSON, FRAN K.C.  
520 SE FORT KING STREET  
SUITE A-4  
OCALA, FL 34471

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRENNAN, NAILL  
STREET ADDRESS 9119 NW HIGHWAY 225A  
CITY-ST-ZIP OCAI A, FL 34482

TITLE D  
NAME BRENNAN, IAN M  
STREET ADDRESS 9119 NW HIGHWAY 225A  
CITY-ST-ZIP OCAI A, FL 34482

*Delete*

TITLE STD  
NAME STEPHANIE, BALTZAN  
STREET ADDRESS 9119 NW HWY 225A  
CITY-ST-ZIP OCAI A, FL 34482

TITLE Director  
NAME W. Vance Fillingame  
STREET ADDRESS 6540 N.W. 57th Ave.  
CITY-ST-ZIP Ocala, FL 34482

TITLE Director  
NAME Brenda P. Parrish  
STREET ADDRESS 8386 SW 109th Ln. Rd.  
CITY-ST-ZIP Ocala, FL 34481

**DO NOT WRITE  
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 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

Date

Daytime Phone #

7/14/04

352-732-7459