

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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**



01132005 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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRENNAN, NAILL
STREET ADDRESS	9119 NW HIGHWAY 225A
CITY-ST-ZIP	OCALA, FL 34482
TITLE	STD
NAME	STEPHANIE, BALTZAN
STREET ADDRESS	9119 NW HWY 225A
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	FILLINGAME, W VANCE
STREET ADDRESS	6540 NW 57TH AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	PARRISH, BRENDA P
STREET ADDRESS	8386 SW 109TH LN RD
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80051-004 150.00

**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: _____

Brenda Parrish - Brenda Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/05 352-732-7459
Daytime Phone #