

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103602

Entity Name: NIALL BRENNAN STABLES, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

7505 W. HWY 326
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

9119 NW HIGHWAY 225-A
OCALA, FL 34482

New Mailing Address:

FEI Number: 62-1665890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRENNAN, NAILL
Address: 9119 NW HIGHWAY 225A
City-St-Zip: Ocala, FL 34482

Title: STD () Delete
Name: STEPHANIE, BALTZAN
Address: 9119 NW HWY 225A
City-St-Zip: Ocala, FL 34482

Title: D () Delete
Name: FILLINGAME, W VANCE
Address: 6540 NW 57TH AVE
City-St-Zip: Ocala, FL 34482

Title: D () Delete
Name: PARRISH, BRENDA P
Address: 8386 SW 109TH LN RD
City-St-Zip: Ocala, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA PARRISH

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date