

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC 18 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047861					
1. Entity Name J.F. BRENNAN PROPERTIES, INC					
Principal Place of Business 255 SUNRISE AVENUE SUITE 200 PALM BEACH, FL 33480			Mailing Address 255 SUNRISE AVENUE SUITE 200 PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite Apt # etc			Suite Apt # etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0755721	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREENGLASS, DANIEL J 255 SUNRISE AVENUE SUITE 200 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Emry John Brennan Street Address (P.O. Box Number is Not Acceptable) 255 Sunrise Avenue, Ste. 200 City Palm Beach, FL Zip Code 33480	
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 <u>Emry John Brennan, President</u> (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, JOSEPH F 1046 YONGE ST TORONTO, ONTARIO, m4w 2l1	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139137514 12/18/08--01036--004 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENGLASS, DANIEL J 1046 YONGE ST TORONTO, ONTARIO, m4w 2l1	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Emry John Brennan 255 Sunrise Avenue, Ste. 200 Palm Beach, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Emry John Brennan</u>			12/12/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		