

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000044527

1. Entity Name
BRENNER & ASSOCIATES ARCHITECTURE, INC.



Principal Place of Business Mailing Address
1717 INDIAN RIVER BOULEVARD SUITE 202B 1717 INDIAN RIVER BOULEVARD SUITE 202B
VERO BEACH, FL 32960 VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0840977 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, JOHN M
1717 INDIAN RIVER BOULEVARD SUITE 202B
VERO BEACH, FL 32960

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BRENNER, JOHN M**
STREET ADDRESS **1717 INDIAN RIVER BOULEVARD SUITE 202B**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D**
NAME **BRENNER, DEBORAH S**
STREET ADDRESS **1717 INDIAN RIVER BOULEVARD SUITE 202B**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE
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U00000102691
04/05/04-80026-008 150.00

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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)(f), 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

4/2/04 772-562-1716
Date Daytime Phone #