2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90009 030 ***158.75

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DOCUMENT # P98000077717

1. Entity Name
BROSNAN FINANCIAL SERVICES, INC.

Principal Place of Business
6727 1ST AVE., SOUTH STE 108
ST. PETERSBURG, FL 33707

Mailing Address
6727 1ST AVE., SOUTH STE 108
ST. PETERSBURG, FL 33707

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6727 1ST Avenue South,		6727 1ST Avenue South,	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida	
Zip 33707	Country U.S.A.	Zip 33707	Country U.S.A.

4. FEI Number 59-3530589 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROSNAN, MAUREEN E
6727 1ST AVENUE SOUTH, STE 108
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2004 Fee will be $550.00

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 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROSNAN, MAUREEN E		NAME		
STREET ADDRESS	6727 1ST AVENUE SOUTH, STE 108		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

Maureen E. Brosnan

SIGNATURE: MAUREEN E. BROSNAN, PRESIDENT/DIRECTOR 01/16/2004 (727)345-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #