

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000027335

1. Entity Name

BRENT LANE PROPERTIES, INC.



Principal Place of Business

1401 E. BELMONT ST.
PENSACOLA FL 32501-4321

Mailing Address

1401 E. BELMONT ST.
PENSACOLA FL 32501-4321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, JAMES J
730 BAYFRONT PKWY, STE 4-B
PENSACOLA FL 32501

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

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME BOOTHE, ROBERT E JR.
STREET ADDRESS 11 ALICE ST
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 00000088343
CITY-ST-ZIP 03/15/04-80047-007 150.00

TITLE D ☐ Delete
NAME TERHAAR, ANTHONY L
STREET ADDRESS 1401 E BELMONT ST
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CRONLEY, JAMES D
STREET ADDRESS 1401 E BELMONT ST
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

852-433-7007

Daytime Phone #

RECEIVED
FILED
Mar 15, 2004 08:00 AM
Secretary of State



MOORE

CR2E034 (11/03)