

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000096162

**Entity Name:** BRN SERVICES, INC

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD.  
PMB 317  
APOPKA, FL 32712-2229

**Current Mailing Address:**

1631 ROCK SPRINGS RD.  
PMB 317  
APOPKA, FL 32712-2229 US

**FEI Number:** 20-1290457

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NUNN, BILLIE RJR  
1631 ROCK SPRINGS RD.  
PMB 317  
APOPKA, FL 32712-2229 US

*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

**Officer/Director Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | P                             | Title           | ST                            |
| Name            | NUNN, BILLIE RJR              | Name            | NUNN, WANZA R                 |
| Address         | 1631 ROCK SPRINGS RD. PMB 317 | Address         | 1631 ROCK SPRINGS RD. PMB 317 |
| City-State-Zip: | APOPKA FL 32712-2229          | City-State-Zip: | APOPKA FL 32712-2229          |

*I hereby 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 all other like empowered.*

**SIGNATURE:** BILLIE R. NUNN JR.

**PRESIDENT**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date