

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P97000067456
 1. Entity Name
 O. BRISKY BOOKS, INC.



Principal Place of Business P O BOX 585 CHOLOKKA BLVD MICANOPY, FL 32667	Mailing Address P O BOX 585 CHOLOKKA BLVD MICANOPY, FL 32667
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3460037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRISKY, O J
 CHOLOKKA BLVD.
 PO BOX 585
 MICANOPY, FL 32667

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISKY, O J PO BOX 222 MCINTOSH, FL 32664
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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: O. J. Brisky Date: 10 MAR 08 Daytime Phone #: 352-466-3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR