


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 154370</b> 1. Entity Name <b>BRINSON CONSTRUCTION COMPANY</b>	
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Principal Place of Business <b>68 W PLAZA DEL SOL ISLAMORADA, FL 33036-4120 US</b>	Mailing Address <b>68 W PLAZA DEL SOL ISLAMORADA, FL 33036-4120 US</b>
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0581794</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GIBBONS, KIRK M. 3321 HENDERSON BLVE TAMPA, FL 33609</b>
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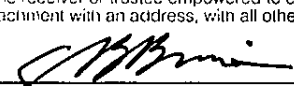
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GANTT, SYLVIA B. 211 RIVEREDGE DR. MOORE, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRINSON, G.B. 68 W PLAZA DEL SOL ISLAMORADA, FL 33036
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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: 	<b>G.B. BRINSON</b>	<b>1/4/7</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone # <b>305 664 0696</b>