

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 206978**

1. Entity Name

**BRINTON'S PAINT COMPANY**



Principal Place of Business

Mailing Address

200 PARK ST  
P.O. BOX 2007  
JACKSONVILLE FL 32204

200 PARK ST  
P.O. BOX 2007  
JACKSONVILLE FL 32203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-0814488**

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

**BRINTON, BURK B.**  
**1951 AFTON LN.**  
**JACKSONVILLE FL 32211**

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**PT**  
**BRINTON, BURK B**  
**1951 AFTON LANE**  
**JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**VS**  
**BRINTON, MARY W**  
**1951 AFTON LANE**  
**JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**VD**  
**BRINTON, ROBERT E**  
**1333 SINCLAIR LANE**  
**JACKSONVILLE FL 32221**

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

**U00000219767**  
**02/08/05-80041-014 150.00**

TITLE  
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☐ Change ☐ Addition

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 Feb 3, 2005* *904-354-1101*