


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 272904 1. Entity Name BRINSON & BLOUNT COMPANY		
Principal Place of Business 1833 EAST 9TH ST JACKSONVILLE, FL 32206	Mailing Address 1833 EAST 9TH ST JACKSONVILLE, FL 32206	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BRINSON, HELEN SUE 1833 EAST 9TH STREET JACKSONVILLE, FL 32206		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRINSON, HELEN SUE 1833 EAST 9TH STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS BRINSON, HELEN SUE 1833 EAST 9TH STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BRINSON, HELEN SUE 1833 EAST 9TH STREET JACKSONVILLE, FL	
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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: <i>Helen Sue Brinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Helen SUE BRINSON</i> 4/26/06 904-353-9345 <small>Date Date/Time Phone #</small>



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1011292 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000544712
05/11/06-80047-010 150.00

**DO NOT WRITE
IN THIS SPACE**