

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 Mailing Address
 1833 EAST 9TH ST 1833 EAST 9TH ST
 JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 69-1011292	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BRINSON, HELEN SUE
 1833 EAST 9TH STREET
 JACKSONVILLE, FL 32206

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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 _____ (NOTE: Registered Agent signature required with reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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
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 05/11/06-80047-010 150.00

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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: *Helen Sue Brinson* - Helen SUE BRINSON 4/26/06 904-353-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #