


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90212 040 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 125 8th St.		3. Mailing Address 125 8th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 59-1011292	
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINSON, HELEN SUE 1833 EAST 9TH STREET JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 125 8th St. City Atlantic Beach FL Zip Code 32233			
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: <u><i>Helen Sue Brinson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/23/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINSON, HELEN SUE <input type="checkbox"/> Delete 1833 EAST 9TH STREET JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 8th St. Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRINSON, HELEN SUE <input type="checkbox"/> Delete 1833 EAST 9TH STREET JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Helen Sue Brinson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/23/07</u> <u>0211-904-568-4838</u> <small>Date Daytime Phone #</small>		