


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
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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	Applied For <input type="checkbox"/> Not Applicable
Zip 32233	Country USA	Zip 32233	Country USA



01112007 Chg-P CR2E034 (12/06)

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: *Helen Sue Brinson* DATE: 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 1833 EAST 9TH STREET JACKSONVILLE, FL <input type="checkbox"/> Delete	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 1833 EAST 9TH STREET JACKSONVILLE, FL <input type="checkbox"/> Delete	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
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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

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* DATE: 4/23/07 CR11-904-568-4838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #