

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 450333

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** BRISCO BROTHERS BODY SHOP, INC.

**Current Principal Place of Business:**

4315 N. HUBERT  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4315 N. HUBERT  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-1596980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLRED, TRAVIS L  
4315 N. HUBERT AVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLRED, TRAVIS L  
Address: 408 W FLORA  
City-St-Zip: TAMPA, FL 33604

Title: ST  
Name: BRISCO, FLOYD G  
Address: 8618 TARPON SPRINGS RD  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRAVIS ALLRED

OWNE

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date