


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90212 041 \*\*\*150.00

<b>DOCUMENT # J58589</b> 1. Entity Name <b>THE BRINSON COMPANY</b>					
Principal Place of Business <b>% H. SUE BRINSON</b> <b>1833 E. 9TH ST</b> <b>JACKSONVILLE, FL 32206</b>			Mailing Address <b>% H. SUE BRINSON</b> <b>1833 E. 9TH ST</b> <b>JACKSONVILLE, FL 32206</b>		
2. Principal Place of Business - No P.O. Box # <b>125 8th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>125 8th St.</b> Suite, Apt. #, etc.			
City & State <b>Atlantic Beach, FL</b>		City & State <b>Atlantic Beach, FL</b>		4. FEI Number <b>59-2772366</b>	
Zip <b>32233</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRINSON, H. SUE</b> <b>1833 E. 9TH ST</b> <b>JACKSONVILLE, FL 32206</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>125 8th St.</b> City <b>Atlantic Beach</b> <b>FL</b> Zip Code <b>32233</b>		
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 <i>H. Sue Brinson</i> <b>H. SUE BRINSON</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINSON, H. SUE 1833 E. 9TH ST JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 8th St.</b> <b>Atlantic Beach, FL 32233</b>	
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: <i>H. Sue Brinson</i> <b>H. SUE BRINSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/23/2007</b> <b>904 568-4838</b> <small>Daytime Phone #</small>		