

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M82801 1. Entity Name BRISK MANAGEMENT GROUP, INC.	
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Principal Place of Business 133 N GARDEN AVE CLEARWATER, FL 33755 US	Mailing Address 66 MIDWAY ISLAND CLEARWATER, FL 33767 US
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2893108	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRISKMAN, JOEL 66 MIDWAY ISLAND CLEARWATER, FL 33767
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	11000001421157 02/16/06-00024-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRISKMAN, FRANCINE E 66 MIDWAY ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRISKMAN, SCOTT 66 MIDWAY ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRISKMAN, JUSTINE 66 MIDWAY ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRISKMAN, JOEL 66 MIDWAY ISLAND CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 727-461-1147
Date Daytime Phone #