2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M82801

1. Entity Name
BRISK MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
133 N GARDEN AVE CLEARWATER, FL 33755 US	66 MIDWAY ISLAND CLEARWATER, FL 33767 US

DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

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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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRISKMAN, FRANCINE E
STREET ADDRESS	66 MIDWAY ISLANE
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	V
NAME	BRISKMAN, SCOTT
STREET ADDRESS	66 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	V
NAME	BRISKMAN, JUSTINE
STREET ADDRESS	66 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	STD
NAME	BRISKMAN, JOEL
STREET ADDRESS	66 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/08-80001-023 150.00

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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] JOEL BRISKMAN SECY-MGMT 3/4/08 727-461-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #