## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2008 8:00 am Secretary of State **DOCUMENT # P02000074256** 05-01-2008 90241 033 \*\*\*150.00 1. Entity Name EUGÉNE P. BRINN, P.A. Principal Place of Business Mailing Address 2288 DREW ST. 2288 DREW ST. UNIT B CLEARWATER, FL. 33765 UNITE PLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Same 1233 Maraca Suite, Apt. #, etc. Suite, Apt, #, etc. 04302008 Chg-P CR2E034 (12/06) Unit 310 015 Applied For City & State City & State 4. FEI Number 82-0552919 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BRINN, EUGENE P 2288 DREWST. UNIT B CLEARWATER: FL 33765 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. ITICATESE OR 14 Ch. Signature, typed or printed name of registered agent and title if applicable. SIGNATURE\_ (NOTE: Reges 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete BRINN, EUGENE P NAME NAME 2233 MADACA LANE UNIT 310 2288 DREW ST. UNIT B STREET ADDRESS STREET ADDRESS CITY-ST-7IP **GLEARWATER: FL. 33765** CITY - ST - ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete NILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Plorida 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR