

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000076356

1. Entity Name
BRISON PLUMBING INC.



FILED
Feb 08, 2008 08:00 AM
Secretary of State

Principal Place of Business
5008 WEST LINEBAUGH AVE.
46
TAMPA, FL 33624

Mailing Address
PO BOX 280365
TAMPA, FL 33682



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0107642	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, BRIAN K
5008 WEST LINEBAUGH AVE.
46
TAMPA, FL 33624

**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 Brian K. Morrison Pres. 2-5-08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, BRIAN K 5008 WEST LINEBAUGH AVE. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, SUE D 3591 N.E. 138 PL. ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRISON, SHAWN V 1838 BOUGH AVE. UNIT D CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000821295
02/19/08-80015-022 158.75

**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: Brian K. Morrison Pres. 2-5-08 813-230-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #