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Aug 20, 2007 8:00 am
Secretary of State
07-11-2007 90074 001 ***500.00
08-20-2007 90054 023 ****50.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

DOCUMENT # P03000145284

1. Entity Name
W.D. BRINSON PLASTERING CO., INC.

Principal Place of Business	Mailing Address
1721 RUDD ROAD JACKSONVILLE, FL 32220	1721 RUDD ROAD JACKSONVILLE, FL 32220

DO NOT WRITE IN THIS SPACE

07052007 No Chg-P CR2E034 (11/05)

4. FEI Number
45-0534317
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRINSON, FAYE P
1721 RUDD ROAD
JACKSONVILLE, FL 32220-1454

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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 $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRINSON, WILLIAM D
STREET ADDRESS	1721 RUDD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322201454
TITLE	ST
NAME	BRINSON, FAYE P
STREET ADDRESS	1721 RUDD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322201454
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Faye P. Brinson 7-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #