

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000046321



1. Entity Name
BRIAN'S FLOOR INSTALLATION, INC.

Principal Place of Business
150 ALLEN DR.
HOLLISTER, FL 32147

Mailing Address
P.BOX 729
HOLLISTER, FL 32147



05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2575321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSMUL, BRIAN J
150 ALLEN DR
HOLLISTER, FL 32147

**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 Osmul
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)

6/3/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
OSMUL, BRIAN J
150 ALLEN DRIVE
HOLLISTER, FL 32147

TITLE
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CITY-ST-ZIP

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000000952918
06/03/08-80002-014 150.00

**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 Osmul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/08 386-329-2235
Date Daytime Phone #