


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 10 PM 12:41

BRISBEN FAMILY, INC.  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P96000031635</b>			
1. Entity Name <b>BRISBEN FAMILY, INC.</b>			
Principal Place of Business <b>945 HILL STREET CINCINNATI, OH 45202 US</b>		Mailing Address <b>945 HILL STREET CINCINNATI, OH 45202 US</b>	
2. Principal Place of Business <b>23 North Beach Road</b>		3. Mailing Address <b>23 North Beach Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jupiter Island, FL</b>		City & State <b>Jupiter Island, FL</b>	
Zip <b>33455</b>	Country	Zip <b>33455</b>	Country
04042005		Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0660419</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRISBEN, WILLIAM O 23 NORTH BEACH ROAD JUPITER ISLAND, FL 33455-2101</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDST BRISBEN, WILLIAM O 23 NORTH BEACH ROAD JUPITER ISLAND, FL 33455</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>300054739933 05/18/05--01046--017 ***350.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>W.O. BRISBEN</b>		Date <b>5/29/05</b> 772.345.9525	