


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 033 \*\*\*150.00

**DOCUMENT # P96000081943**

1. Entity Name  
**BRIER GRIEVES AGENCY, INCORPORATED**



Principal Place of Business      Mailing Address  
**3617 HENDERSON BLVD.**      **3617 HENDERSON BLVD.**  
**TAMPA FL 33609-4501**      **TAMPA FL 33609-4501**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**59-3405315**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIEVES, BRIER**  
**4303 W KENNEDY BLVD**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name  
**BRIER GRIEVES**

Street Address (P.O. Box Number is Not Acceptable)  
**3617 HENDERSON BLVD**

City      State      Zip Code  
**TAMPA      FL      33609**

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  **BRIER GRIEVES, DIRECTOR**      DATE **3/18/08**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME GRIEVES, BRIER	
STREET ADDRESS 4303 W KENNEDY BLVD	
CITY-ST-ZIP TAMPA FL 33609	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIER GRIEVES	
STREET ADDRESS 3617 HENDERSON BLVD.	
CITY-ST-ZIP TAMPA, FL 33609	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       DATE **3/18/08**      **813/876-4166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Corporate Name #

**BRIER GRIEVES, DIRECTOR**