2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000085098

1. Entity Name
BRICOUR DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1522 SAND HOLLOW CT PALM HARBOR, FL 34683	1522 SAND HOLLOW CT PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3409872
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD
DUNEDIN, FL FL

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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 $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	PD
NAME	FLAHERTY, BRIAN
STREET ADDRESS	107 N. MARTIN LUTHER KING JR. AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	TD
NAME	FLAHERTY, KAREN M
STREET ADDRESS	107 N. MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD
NAME	COURNOYER, PIERRE
STREET ADDRESS	109 N. MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VD
NAME	COURNOYER, LOUISE
STREET ADDRESS	109 N. MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karen M Flaherty Karen M Flaherty TD 1/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #