

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P97000049120

1. Entity Name

BRIESON CORP.



Principal Place of Business  
14346 WOODSWORTH  
ODESSA FL 33556  
US

Mailing Address  
14346 WOODSWORTH  
ODESSA FL 33556  
US



1st MOORE CR2E034 (10/06)

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

4. FEI Number 59-3452217

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, GAIL  
14346 WODSWORTH DR  
ODESSA FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	PARSON, GAIL	
STREET ADDRESS	4908 SAVARESE CIR	
CITY- ST- ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRIESACHER, ROBERT	
STREET ADDRESS	4908 SAVARESE CIR	
CITY- ST- ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIESACHER, ROBERT	
STREET ADDRESS	4908 SAVARESE CIR	
CITY- ST- ZIP	TAMPA FL 33634	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIESACHER, CINDY	
STREET ADDRESS	4908 SAVARESE CIRCLE	
CITY- ST- ZIP	TAMPA FL 33634	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14346 Wodsworth Dr
CITY- ST- ZIP	Odessa, FL 33556
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7701 Ann Ballard Rd
CITY- ST- ZIP	Tampa, FL 33634
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7701 Ann Ballard Rd
CITY- ST- ZIP	Tampa, FL 33634
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7701 Ann Ballard Rd
CITY- ST- ZIP	Tampa, FL 33634
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:

Gail Parsons

Gail Parsons

2-19-07

813-920-2730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #