

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 13, 2008 08:00 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



02092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

PARSONS, GAIL
14346 WODSWORTH DR
ODESSA, FL 33556

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**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

U000000857368
04/01/08-80001-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PARSON, GAIL
14346 WADSWORTH DR
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BRIESACHER, ROBERT
7701 ANN BALLARD RD
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BRIESACHER, ROBERT
7701 ANN BALLARD RD
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRIESACHER, CINDY
7701 ANN BALLARD RD
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Gail Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 813-980-2730
Date Daytime Phone #