


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000003837</b>	
1. Entity Name <b>BRINAN ENTERPRISES, INC.</b>	

Principal Place of Business <b>3839 OVERLOOK DRIVE TALLAHASSEE, FL 32311 US</b>	Mailing Address <b>3839 OVERLOOK DRIVE TALLAHASSEE, FL 32311 US</b>
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

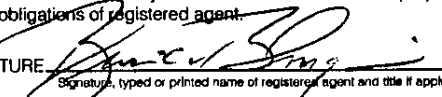
4. FEI Number <b>65-0891293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BLOMQUIST, BRIAN C  
3839 OVERLOOK DRIVE  
TALLAHASSEE, FL 32311**

**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  **Brian C. Blomquist, Dir** **Jan 04, 2008**  
(NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLOMQUIST, BRIAN C 3839 OVERLOOK DRIVE TALLAHASSEE, FL 32311</b>
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01/08/08-80019-018 150.00

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #