

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000003837

1. Entity Name
BRINAN ENTERPRISES, INC.



Principal Place of Business
3839 OVERLOOK DRIVE
TALLAHASSEE, FL 32311 US

Mailing Address
3839 OVERLOOK DRIVE
TALLAHASSEE, FL 32311 US

FILED
Jan 12, 2007 08:00 AM
Secretary of State



01102007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0891293

Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOMQUIST, BRIAN C
STREET ADDRESS	3839 OVERLOOK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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01/12/07-80062-014 150.00

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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: Brian C. Blomquist Brian C. Blomquist, Director Jan 9, 2007 877-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #