

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 022 ***150.00

DOCUMENT # P99000028552					
1. Entity Name BRICKS OF PENSACOLA, INC.					
Principal Place of Business 25 W CEDAR ST #230 PENSACOLA, FL 32501			Mailing Address 25 W CEDAR ST #230 PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32502		Country		Zip 32502	
6. Name and Address of Current Registered Agent BOGAN, STEVE 25 W. CEDAR ST STE 230 PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Bogan, Steve Street Address (P.O. Box Number is Not Acceptable) City FL 32502	
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: STEVE BOGAN February 12, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRYN, ALAN D 2880 WHISPERS BAY BLVD. GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGAN, STEVE 25 W CEDAR ST #230 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIVERIO, MANUEL F 4715 BAYWIND DR. PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLARS, FALCON 721 E. GREGORY ST. PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEVE BOGAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FEB 12, 2004 <small>Date</small>		850-433-5833 <small>Daytime Phone #</small>

44012779



02122004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3570354

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

Name **Bogan, Steve**

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

City

FL **32502**

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: **STEVE BOGAN** **February 12, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
KRYN, ALAN D
2880 WHISPERS BAY BLVD.
GULF BREEZE, FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BOGAN, STEVE
25 W CEDAR ST #230
PENSACOLA, FL 32501

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

DT
SIVERIO, MANUEL F
4715 BAYWIND DR.
PENSACOLA, FL 32514

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

D
SELLARS, FALCON
721 E. GREGORY ST.
PENSACOLA, FL 32501

☐ Delete

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