

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P99000028552

1. Entity Name
BRICKS OF PENSACOLA, INC.



Principal Place of Business
**25 W CEDAR ST #230
PENSACOLA, FL 32502**

Mailing Address
**25 W CEDAR ST #230
PENSACOLA, FL 32502**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3570354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGAN, STEVE
25 W. CEDAR ST
STE 230
PENSACOLA, FL 32502**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

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	DS
NAME	KRYS, ALAN D
STREET ADDRESS	2880 WHISPERS BAY BLVD.
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	PD
NAME	BOGAN, STEVE
STREET ADDRESS	25 W CEDAR ST #230
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	DT
NAME	SIVERIO, MANUEL F
STREET ADDRESS	4715 BAYWIND DR.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	SELLARS, FALCON
STREET ADDRESS	721 E. GREGORY ST.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/07-80003-003 150.00

**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: _____

Steve C. Bogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____