


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90125 025 \*\*\*150.00

<b>DOCUMENT # P99000028552</b>	
1. Entity Name <b>BRICKS OF PENSACOLA, INC.</b>	

Principal Place of Business <b>25 W CEDAR ST #230 PENSACOLA, FL 32502</b>	Mailing Address <b>25 W CEDAR ST #230 PENSACOLA, FL 32502</b>
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2. Principal Place of Business - No P.O. Box # <b>415 S. Florida Blanca</b>	3. Mailing Address <b>P.O. Box 563</b>
Suite, Apt. #, etc. <b>Suite 5</b>	Suite, Apt. #, etc.

City & State <b>Pensacola Florida</b>	City & State <b>Gulf Breeze Florida</b>
Zip <b>32502</b>	Zip <b>32562</b>
Country <b>USA</b>	Country <b>USA</b>



01252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>BOGAN, STEVE 25 W. CEDAR ST STE 230 PENSACOLA, FL 32502</b>	
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4. FEI Number <b>59-3570354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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.	
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SIGNATURE _____		DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS KRY, ALAN D 2880 WHISPERS BAY BLVD. GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1628 Whisper Bay Blvd Gulf Breeze, FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOGAN, STEVE 25 W CEDAR ST #230 PENSACOLA, FL 32502</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>415 S. Florida Blanca, Suite 5 Pensacola, FL 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SIVERIO, MANUEL F 4715 BAYWIND DR. PENSACOLA, FL 32514</b> <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	<b>D SELLARS, FALCON 721 E. GREGORY ST. PENSACOLA, FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5 Colley Cove Dr Gulf Breeze, FL 32561</b>
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 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.
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SIGNATURE: 	Date: <b>4-17-08</b>	Daytime Phone #: <b>850-433-5833</b>
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